



PHD

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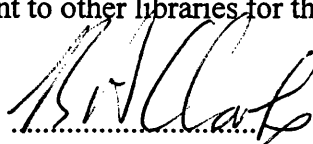
**Flexibility as a Dimension in the Provision and Management of Post-  
registration Nurse Education**

**submitted by Brenda Clarke  
for the degree of PhD of the University of Bath 2000**

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### **Author's Note**

Throughout this study the phrase flexible learning has been used. The interpretation of this phrase has been borrowed from the nursing literature. In general, such literature implies that flexible learning refers to an approach to the provision and management of learning. This study makes no attempt to explore or utilise outcome measurements of learning to ascertain the degree of learning, which might or might not take place, as a result of the use of flexible approaches.

In an attempt to set the context in which this study took place reference has been made to acts of Parliament reports and relevant literature which, in general, originated during the latter half of the twentieth century. With regards to the literature concerning flexible learning however, this study covers the period from 1989 to 1998

## **Abstract**

### **Flexibility as a Dimension in the Provision and Management of Post-registration Nurse Education**

The nature of post-registration nurse education has changed radically in recent years. One of the dominant themes to emerge from the many changes has been increased flexibility in the provision and management of programmes. Despite the emphasis on such an approach to learning however, the nature and extent of flexibility has not been the subject of in-depth exploration. The research reported here used questionnaire-based surveys of providers of post-registration nurse education, in an attempt to reveal the dimensions of flexibility in the provision and management of modules and programmes. Forty three dimensions were identified under the headings of provision and access; teaching and learning, assessment of theory; assessment of practice and evaluation. From these dimensions, performance indicators in the effective management of flexible learning were developed to form the basis of an instrument for data collection in four case studies of flexible programmes/modules. The study has revealed much about the purposes and nature of flexible learning in post-registration nurse education. The range of dimensions, the complicated and interacting purpose of flexible learning and the complexity of the context, requires a reflective approach to the task of managing this nature of learning. In addition to this, the findings have relevance for professional education in other settings as the performance indicators offer managers of education a possible tool with which to audit the quality of flexible learning provision.

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## **Chapter 1**

### **Introduction**

This chapter sets the scene for the empirical study which follows. It attempts to explore some of the recent influences on the provision of nurse education which have led to increased flexibility in the management of programmes together with the growth of a multiplicity of different modes of delivery of professional education for the post-registered nurse.

### **Initial Nurse Education Reforms**

Prior to the education reforms which led to the introduction of Project 2000 courses, the process of preparing nurses for registration had remained largely unchanged since the 1860s, when Florence Nightingale set up the first School of Nursing at St Thomas' Hospital (Dolan 1993). The reforms were, in general, an attempt to address the many problems which nursing had faced for some time. The 1970s and early 1980s, in particular, witnessed expressions of increasing concerns, both from within and outside of nursing, about the education opportunities offered to nurses during initial training programmes (Beardshaw and Robinson 1990). These concerns, in the main, focused on doubts about the value of such programmes in preparing individuals for entry into a profession. In particular the apprenticeship approach of nurse education was seen to create an

environment in which it was often difficult for students to make links between classroom-based teaching and clinical practice. This, it was claimed, was an obstacle to the acquisition of the necessary skills and knowledge required to become a competent nurse (see for example Ogier 1981; Orton 1981; Fretwell 1982; 1985; Gott 1983; 1984). In addition to this, the system of education provision was seen to isolate students from the broader experiences and opportunities offered by further and higher education (RCN Judge 1985).

However, nursing faced other difficulties during the 1970s and 1980s. Shortages of qualified nursing staff had been a recurrent theme in the history of healthcare provision and proved to be a particular problem during this time. Traditionally the number of recruits to nursing had been closely linked to the number of female school leavers. Over-recruitment to nurse training programmes was common practice in Schools of Nursing in order to compensate for the high 'drop out' rate from these courses. During the 1980s it was estimated that one in five students either dropped out of the course or failed to register on completion of the training programme (Beardshaw and Robinson 1990). As a result, in 1986, one in every four young women leaving school with between 5 'O' levels and 2 'A' levels, entered a nurse training programme (Delamonthe 1988). However, as a result of a decrease in the birth rate, during the 1970s, predictions were being made of a 30% decline in the number of sixteen to nineteen year old school leavers (DoH Working for Patients, Working Paper 10 1989). This 'demographic time bomb' looked set to impact upon

nursing during the latter part of the 1980s and early years of the 1990s, reducing the likely number of nurse recruits. In addition to the difficulties of recruitment, however, there was a problem of poor retention of qualified nurses. Nursing had been, and remains to this day, a mainly female dominated occupation. A degree of turnover amongst nursing staff was therefore not unexpected. Nevertheless, during the late 1970s and early 1980s, one in ten nurses were leaving nursing, two-thirds of whom never returned (Dean 1987). A national study of recruitment and retention (Price Waterhouse 1988) revealed that whilst the most common reason for leaving nursing was pregnancy, other factors such as level of pay, workload and job satisfaction were important influences on retention.

In December 1983, the Royal College of Nursing set up its own commission on nurse education in response to members' concerns and impatience about the pace of progress being made on nurse education reforms by the United Kingdom Central Council (UKCC) (Lathlean 1989). The commission, which was chaired by Harry Judge, Director of the Department of Educational Studies, University of Oxford, published its findings in 1985. The report suggested radical changes to nurse education. This included the separation of education from service with supernumerary status for students, a broader-based common core curriculum, a less complex pattern of registration, student bursaries and the relocation of nurse education into higher education.

For some observers, *'this thinking, fed directly into 'Project 2000 - the UKCC's proposals for major reform of nurse education'* (Beardshaw and Robinson 1990p 29). The extent to which the Judge Report (RCN 1985) did in fact influence the thinking of the UKCC is, however, difficult to estimate (Lathlean 1989). Nevertheless, during this time the UKCC had not been idle in considering education reforms. A Working Group on nursing education and training had been set up and subsequent discussion papers had been published. The delays in the progress of nurse education reform by the UKCC, it would appear, lay not in a reluctance to address the issue but were due, in the main, to *'uncertainty and unsteadiness in the statutory framework'* (Lathlean 1989 p 8) which established the UKCC and the four National Boards. The Nurses, Midwives and Health Visitors Act of 1979 charged the UKCC with the responsibility for establishing and improving standards of training within nursing. The Boards were made responsible for the provision of training. From the beginning the lack of clarity, about both the role and relationship of the UKCC with the Boards, created considerable debate and arguably delayed much of the early work of the Council, including nurse education reform. In 1986 the UKCC finally revealed its proposals for major educational reform in a document entitled 'Project 2000': A New Preparation for Practice. In the final analysis, however, the UKCC's proposals for education reform were practically the same as the Judge Report, the only difference being the nature of the proposed relationship with higher education. The twenty-five recommendations for change proposed in the

UKCC's publication *Project 2000: A New Preparation for Practice* (1986) are reproduced in Appendix 1.

A brief glance at any book which catalogues the history of nursing will reveal that nursing had not been unaccustomed to reports on education reform. In essence, the majority of the reforms brought to nurse education by 'Project 2000' were not new. They had been echoed in various reports based on enquiries into nurse education over a number of decades (Jowett, Walton and Payne 1994). These included the DoH Athlone Report (1938), the DoH Wood Report (1947) and the RCN Platt Report (1964). It is interesting to note, for example, that in 1947 the Wood Report recommended the introduction of a grant scheme for student nurses and suggested a programme in which basic skills and knowledge should be taught, with a subsequent programme which focused upon the areas of specialist nursing which the student wished to follow. The difference between the other reports and that of 'Project 2000' was that the Government of the day accepted the main thrust of the proposals and the reforms contained within became a reality. This was seen as no small accomplishment by many nurses. At a time when the then Conservative Government appeared set to break the power of the professions, *'nursing uniquely set its own agenda'* (Dolan 1993 p 9). The issue of whether nursing can indeed be classified as a profession will be discussed later in this chapter.

In October 1988 the Department of Health approached the Regional Health Authorities and requested that they identify sites, within England, which would participate in a pilot study of an innovative education programme for preparing students to become registered nurses. Thirteen 'Demonstration Sites' were selected from eleven Regional Health Authorities and by late 1989/early 1990, the programme, which became known as 'Project 2000', was launched. Whilst a number of graduate programmes leading to nurse registration had been available for some time, the majority of individuals entering nursing did so via a certificate level course. The introduction of the Project 2000 programme meant that for the first time in the history of nursing the basic education courses leading to registration as a qualified nurse, would be at diploma level. Implementation of the reformed initial education programme appeared to give rise to anxieties amongst some of the existing qualified nurses. Fearful of their employment prospects, in a market swamped with diplomates, it seemed likely that a number would turn to continuing education in an effort to upgrade their qualifications.

### **Reform of the National Health Service**

In 1989 the Government of the day produced a White Paper entitled 'Working for Patients' which contained details of the proposed changes which were to be made to the National Health Service (NHS). The reforms set out were the culmination of mounting dissatisfaction with the provision of healthcare in



general, and with a system in particular, in which all problems were blamed on underfunding, whilst levels of expenditure continued to soar even higher. The need for reform of some kind had become increasingly obvious in the immediate years prior to the publication of the White Paper. An expansion in the use of technology in the 1980s had resulted in the generation of more accurate and reliable information relating to the costs of healthcare, as well as better information regarding the quality of the healthcare provision. This data demonstrated wide variations of both costs and quality of care, between hospitals and across regions. Government figures indicated that the total gross expenditure on the National Health Service (NHS) for the year 1978/9 was eight billion pounds. In 1989/90 the figure had risen to twenty six billion, an estimated increase of forty per cent, after allowing for inflation. Between 1978 and 1987 an additional six thousand hospital doctors and seventy thousand nurses had been employed. However, despite these efforts, there appeared to be little improvement in the provision of healthcare, and it was becoming increasingly apparent that the health service was not able to meet the demands being made upon it.

In the White Paper, Margaret Thatcher, the then Prime Minister, stated that:

*'The proposals represent the most far-reaching reform of the National Health Service in its forty year history.'* (Forward to DoH Working for Patients 1989 )

It would be difficult to disagree with this statement. The introduction of the concept of an internal market within the healthcare system was the greatest change in the organisation of funding and healthcare planning in the NHS since its conception. In essence the reforms were designed to improve the provision and delivery of care whilst making considerable financial saving from within the health service itself. A number of areas where costs could be cut were identified in the document, including better use of nursing staff. In an attempt to assist with this process, the White Paper proposed the introduction of non-professional support staff for nurses who would undertake some of the clerical jobs which nurses performed and others who would take on some of the aspects of client care. As such, this represented an endorsement for a review of the nursing skill mix within clinical areas. However whilst cost containment was a major concern for the government, it was not the only reason for examining the extent to which nursing staff and skills could be substituted. Problems regarding human resource planning, recruitment and demography needed to be addressed. In addition to this, the initial nurse education reforms had resulted in supernumerary status for those individuals undertaking a Project 2000 course. This meant that these students would no longer provide the substantive contribution to patient care delivery, as had been the case in the past.

The issue of skill mix within nursing was not new. It had been the subject of a number of government reports (see for example National Board for Prices and Incomes 1967; DHSS 1977; DHSS 1986) but emerged as a prominent issue in

nursing *'at a time when a new environment, imbued with management values, was forged within the NHS'* (Gibbs, McCaughan and Griffiths 1990 p iv). It may be helpful here to make a distinction between grade mix and skill mix in nursing. The former refers to the number of sisters, staff nurses, enrolled nurses and auxiliaries required on a particular clinical area, that is the number of staff of each grade. The latter reflects the skills and expertise of staff within these grades.

The issues surrounding skill mix in nursing remain to this day, contentious, *'complex and often highly political'* (Gibbs et al 1991 p 242). A literature review in the DHSS document Mix and Match (DHSS 1986) concluded that skill mix represented the battle line between nurses and the employing authorities - the former being committed to the view that all aspects of care delivery should be carried out by qualified staff, the latter believing that this consideration had to be set against the need to provide a cost-effective service. Whilst, in essence, this captured the characteristics of the debate, it painted a somewhat simplistic picture. Given the heterogeneity within nursing it was inevitable that different groups would represent different interests and alternative points of view. White (1985) identified a form of pluralism within nursing composed of three main interest or subgroups which she labelled generalists, professionalists and nurse managers. The latter group for the purpose of this discussion, will be included under the generalist label. In essence White (1985) concluded that those individuals in the professional group

sought to gain professional status for nursing. For them the presence of unqualified individuals delivering nursing care, albeit in a limited capacity, represented a barrier to obtaining their goal. Generalists, however, did not support the view that professional status for nursing was desirable, believing that professionalism encouraged divisiveness and imposed a uniform view on nurses. This group accepted the inevitability of a skill mix in nursing, seeing such a situation as desirable. The differing views amongst nurses themselves therefore added to the complexity of the debate.

A range of options for determining staffing requirements were available to hospital managers (Arthur 1994). Possibly the oldest known approach, was the 'intuitive method' (Barr et al 1973). This has also been described elsewhere as 'descriptive methodology' (Halloran 1987) and 'professional judgement' (Clay 1987). Other approaches included the consultative method, for example the Brighton Method (Waite and Hirsch 1986) and the Teleford Method (Teleford 1979). Here patient-dependency categories were used to look critically at the workload. The ward sister was then asked to state the number and skill mix of nurses required to provide safe and ideal care. In addition to these methods, there were staffing formulae, which fundamentally derived from a top-down management approach aimed at predicting nurse workload needs from measures of activity, as a proxy for workload achieved (DHSS 1983). However, in spite of the complexity of the task of measuring skill mix and the inherent inadequacies of these methods, it would appear that there were

unrealistic expectations amongst hospital managers of what any nursing workload measurement system could achieve. This situation further fuelled and intensified the debate.

Fundamentally, the reforms of the NHS created an environment in which greater emphasis was placed on unit labour costs. Hence the potential for substituting cheaper, less qualified, care assistants for qualified nurses. Hospital managers, managing resources, became focused on budget control and cost effectiveness. The substitution of less expensive for more expensive resources, less qualified for more qualified staff, became options for achieving their management objectives. As Carr-Hill et al (1992) observed, qualified nurses were an expensive resource and it seemed likely that it was no longer efficient or expedient to allow basic nursing care to remain the sole preserve of such individuals. Following the publication of the White Paper, there was a period of time during which the precise role of the new support worker remained unclear. The reaction of nurses, in general, to the introduction of this role was one of ambivalence. In an attempt to set themselves apart, nurses distanced themselves from both the role of the assistant and the associated training programmes. However, during this time it was becoming clear that the role of the qualified nurse was about to change. Nurses themselves started to ask if they had the requisite knowledge and skills for the labour market: a market which was, and remains to this day, constantly changing.

Whilst the NHS reforms heralded the much publicised internal market for healthcare delivery, they also introduced the notion of a market for the education and training of healthcare workers, including nurses. The complexities of funding nurse education, both from an historical perspective together with the developments at the time of the NHS reforms, has been explored in-depth by Humphreys (1996). As a result a brief account only will be included here. In essence, these internal markets created by the NHS reforms were characterised by a purchaser-provider split and introduced elements of competition amongst providers in the acquisition of contracts.

The hierarchically organised NHS of 1985 consisted of Regional and District Health Authorities. In general, *'the education and training of nurses in England followed an essentially in-house model'* (Humphreys 1996 p 656). The function of the District Health Authorities (DHA) was to deliver both health care services and nurse education. Typically each DHA financed its own School of Nursing. Those working in education were employees of the District Health Authority as were the student nurses. The Director of Nurse Education was responsible to nursing service managers. As previously mentioned, the responsibility for setting standards in nurse education fell to the United Kingdom Central Council for Nursing Midwifery and Health Visiting, whilst the role of the Four National Boards included validation of curricula and approval of Nursing Schools. Following the development of Project 2000, the Government commissioned the management consultants Peat Marwick McLintock to audit the effectiveness of

the UKCC and the Boards. The report, which was critical of the then current funding arrangement for nurse education, highlighted the problems of a system in which the Boards paid the salaries of those teachers working on pre-registration programmes, whilst the District Health Authority financed teachers working in post-registration nurse education. Monies to pay the salaries of teachers working in the field of pre-registration however, were passed from the Boards through the DHA. This meant that the control and accountability for such finances were not aligned. In addition to this, the accountability of some teaching staff was split between the DHA, which employed them and the Boards which funded them.

Recommendations from the Peat Marwick McLintock report included making the Boards responsible for the management and ownership of Schools of Nursing. In effect this proposal would have both severed the financial and managerial links with the NHS, whilst ensuring that nurse education was controlled by nurses. In reality however, two months later the publication of Working Paper 10: Education and Training (Department of Health 1989) as part of the NHS Reforms, proposed a different route. As 'Working for Patients' indicated a shift away from professional dominance over healthcare so Working Paper 10 indicated a shift in the control of nurse education away from nurses and back towards the employers. Such a model, it was argued, would mean that the number of newly qualified nurses coming out of Schools and Colleges of Nursing would be a direct result of the local needs and requirements of the

employers. In May 1993, a government review of the NHS Reforms led to the decision to abolish the Regional Health Authorities and replace them with eight regional offices of a newly re-organised NHS Management Executive. These were later renamed NHS Executives. Consortia of NHS Trusts and others were created to commission education. Monies devolved down from the NHS Executive, in effect, also made these Consortia budget holders. This was seen as a feature which enabled Trusts to have considerable influence over education, including quality and the notion of 'fitness for purpose.'

In essence, collectively, the Trusts were able to purchase courses from whichever education provider they chose. In addition to this, in terms of continuing education, it was possible for a Trust to choose to purchase programmes from a provider other than that of the preferred provider favoured by the Consortia. One of the results of this situation was that education providers had rapidly to learn to respond to market forces in order to secure lucrative contracts. This meant not only providing courses which met the needs of the Trust, in terms of service provision, but also responding to differing needs in terms of delivery of such programmes.



## **The English National Board Framework for Continuing Professional Education**

In 1984 the Department of Health and Social Security funded a research project which focused on nurses' continuing professional educational needs as well as nurses' participation in continuing education programmes. The report, which was published in 1987, demonstrated wide variations in the provision of continuing education across the country. In addition to this, differences in the educational qualifications and background of individuals 'heading up' continuing education departments were identified, a number coming from service whilst others came from education. It was perceived that this situation often led to an inappropriate balance of theoretically and clinically based courses, as those who had a service background often favoured clinically based courses whilst the educationalists focused on the delivery of theoretical programmes. In addition to this, the way in which an individual's needs for continuing education were identified, within the then District Health Authorities, was poorly defined, leading to possible misinterpretation of needs or in the extreme cases, dismissal of any needs for professional development. In concluding, the report recommended that every *'Region and District Health Authority should have an explicit philosophy and policies in relation to continuing professional education'* (Rogers and Lawrence 1987 p 49). Two years later, Rogers and Maggs (1989) found that little, if anything, had changed. These reports however heralded a period of intense activity and research by the

English National Board for Nursing, Midwifery and Health Visiting, focusing on the provision of continuing professional development (CPD).

As part of this work, five project papers were published between September 1990 and October 1991, covering such topics as changing patterns of employment and processes for the identification of nurses' needs for continuing professional development. It may be argued that in commissioning Professor Celia Davies to produce the first project paper, entitled *The Collapse of the Conventional Career*, the ENB demonstrated considerable foresight. In the introduction Professor Davies indicated that the content of the publication was speculative and that the predictions may or may not come to fruition. However the value of the paper, as she herself indicated, lay in the new way of thinking about the world of employment and the provision of continuing professional development. Relying heavily, as it did, on the work of Charles Handy (1984; 1989), the paper introduced the notion of both flexibility in the work place and the need to improve access to continuing education programmes.

The Board's Framework for Continuing Professional Education and Training for Nurses, Midwives and Health Visitors, based on research findings, echoed this approach. The Framework introduced the notion of modular programmes, shared, open and experiential learning, and credit accumulation and transfer, into continuing nurse education. The Board described it as '*a flexible modular system*' (ENB 1991 p 31) which was to be made available to all registered

practitioners. The framework also offered the practitioner a programme of study leading to the ENB Higher Award '*a professional and academic qualification*' (ENB 1991 p 12). The guide to implementation (ENB 1991) highlighted the flexibility of this framework of continuing professional development. The accreditation of prior learning, pace of learning determined by the learner and the integration of theory with learning borne out of practice, were highlighted as key features. In addition to this there was the introduction of a professional portfolio, for those wishing to study for the Higher Award. Fundamentally however, the framework documentation emphasised the partnership between practitioner, educationalist and manager in the process of continuing professional development. Each had a role to play in the process which was based on collaboration.

The aim of developing this framework and strategy for continuing professional development, was to improve upon the quality and appropriateness of provision, of continuing education. The ENB proposed that this framework should be operational by April 1992. In May 1992 an Assistant Director of Continuing Professional Development was appointed. The key responsibilities of the holder of the post were to maintain a national overview of CPD activities, to advise on new policies and to implement the Board's Framework for CPD. The appointment, which was significant, represented commitment to the provision of continuing professional education for nurses by the English National Board. A year later, in their survey of continuing professional education, Madden and

Mitchell (1993) concluded that the Board's strategy '*demonstrated many of the qualities of good CPD*' (p 39).

### **Post-registration Education and Practice (PREP)**

The United Kingdom Central Council for Nursing Midwifery and Health Visiting Post-registration Education and Practice Project was born out of a growing awareness of a change in the context of professional practice. It was becoming increasingly evident that patterns of health and disease had changed significantly since the inception of the NHS in 1948. The appearance of the HIV and AIDS virus and the recurrence of tuberculosis, provided evidence of new epidemiological trends. Lifestyles in Britain had altered, the elderly population was increasing and homelessness and unemployment were creating a different set of health inequalities. The role of the nurse, however, was also changing. Health promotion, which was pivotal to the Government's strategy for the implementation of the World Health Organisation's Health for All targets, was becoming a key aspect of the work of a nurse. In addition to this the NHS reforms and Community Care Act (1990) had been '*a catalyst for changes in comprehensive social programmes for health*' (UKCC 1991 p 11) and, as such, represented new challenges for healthcare practitioners who were now functioning in a market economy.

In general, the finding from the Post-registration Education and Practice Project focused on the need to: *'strengthen the structure and raise the standards of post-registration education to reflect the changing environment of health care delivery, as well as wider shifts in social, economic and political patterns both within the UK and the wider European context'* (UKCC 1991 p14). The standards for post-registration education and practice, which were finally agreed in March 1994, represented a radical rethink of the statutory requirement placed upon individuals in order that they might practice as a nurse, midwife or health visitor in the United Kingdom. The PREP document (UKCC 1994) introduced a new concept into registration: eligibility to practise. Evidence of maintenance and development of professional knowledge and competence was linked to periodic registration for nurses. Each nurse was responsible for producing a personal professional profile, detailing their professional development during the period spanning from their last registration. In addition to this, nurses were also required to undertake five days of study, or equivalent, every three years. Other recommendations from the project included the introduction of a period of support provided by a preceptor, for all newly registered practitioners and a return to practice programme of study for those nurses who had a break of five years or more from nursing. Placing, as it did, the emphasis on professional development, PREP represented a potential catalyst for an increase in the demand for continuing education. However it is important to stress here that, continuing professional development was viewed in the broadest sense by the UKCC. It was seen to be possible to demonstrate that the process of

professional development had taken place as a result of a number of activities, not just through those associated with formal continuing education programmes.

In addition to the above recommendation, the Report of the Post-registration Education and Practice Project suggested the need for '*a logical and comprehensive framework for credit accumulation*' (UKCC 1991 p 32) which it considered was overdue. At this time a number of partnerships had been established between Colleges of Nursing and Institutions of Higher Education enabling some post-registration courses to be credit accumulated and transfer (CAT) rated. However, not all Colleges of Nursing had established links with Higher Education and therefore the availability of such programmes, countrywide, was patchy. The Project 2000 education reforms recognised the need for specialist practitioners and the PREP report suggested three discrete areas of practice: primary, advanced and consultant. It was envisaged that a comprehensive framework of continuing education, linked to the standards and tariffs set by the Council for National and Academic Awards, would accommodate the necessary modules for these discrete areas of practice. In addition such a framework would provide continuing education opportunities for all qualified nurses, enabling them to gain credit for their existing qualifications, and experiential learning, as well as to accumulate credit on completion of study units; the latter opportunities providing an avenue for practitioner to gain awards at certificate, diploma, degree or higher degree level.

## **A New Ideology of Nursing**

During this time, however, a strategy for reform from within nursing, was beginning to take shape. As a result, a new ideology of nursing was emerging (Beardshaw and Robinson 1990). The broad objective of the Working Group set up by the UKCC to review pre-registration nurse education had been to *'determine the education and training required for the profession of nursing, midwifery and health visiting in relation to the health care needs in the 1990's and beyond'* (UKCC 1984 p 47). As such, Project 2000 became an important part of the reformist strategy for nursing, seeking as it did to prepare nurses for practice in the twenty-first century, and a clear manifestation of the underpinning 'ideology' which was emerging. The ideology of 'new nursing,' was a complex, multifaceted notion of reform which offered an *'explicitly professionalising strategy, designed to give trained nurses a distinct sphere of influence within health care and greater autonomy in their work'* (Beardshaw and Robinson 1990 p 19). Fundamental to this ideology, however, was the desire to raise standards of care by the development of a distinctive, patient-centred model of care (Salvage 1988).

### ***Professionalisation***

The problems of defining a profession have been well documented (see for example Flexner 1915; Johnson 1972; Freidson 1983; Moloney 1992; Johnson

1995). Whilst most authors focus on the historically bound character of the term, Freidson argued that the application of a phenomenological research strategy, is more appropriate. In this way, he suggested, one discovers how individuals in society in general determine *'who is a professional and who is not, how they "make" or "accomplish" professions by their activities, and what the consequences are for the way in which they see themselves and perform their work'* (Freidson 1983 p 27). The situation is further complicated when considering the process of professionalisation of an occupational group. If agreement can indeed be established regarding the characteristic traits of a profession, the extent to which an occupational group has moved towards achieving these traits, may still be difficult to assess. One of the problems encountered in the literature concerning professionalisation of an occupational group is that the characteristics required for the group to achieve professional status in the mind of the authors, are seldom mentioned. Without this clarity of meaning, discussions on professionalism within occupational groups may often be somewhat nebulous. The discussion on professionalisation in this text relates to the characteristics of a profession as denoted by Moloney (1992). They are as follows: an authentic knowledge base and autonomy or control over its education and practice.



### Knowledge Base

A recurrent theme in discussions on the professional status of nursing has been the perceived lack of an unique body of knowledge. As Moloney (1992) indicated, a well defined body of knowledge provides the professional practitioner with the ability to both control the tasks performed and comprehend the basis and consequences of their actions. The ideology of 'new nursing' deemed that the practitioner of the future should be 'a knowledgeable doer' (UKCC 1986 p 40), nevertheless the question of what constituted nursing knowledge had been a point of contention for a number of years (Vaughan 1992) and, it may be argued, remains so to this day.

### Nature, Generation and Verification of Knowledge

In Western philosophy, knowledge is commonly classified into two main categories: propositional, 'knowing that' and non-propositional knowledge 'knowing how' (Polyani 1958; Kuhn 1970). Propositional knowledge is derived through research and scholarship with an attempt to generalise findings. Non-propositional knowledge is derived primarily through practice or experience, without attempt to generalise. It may be argued that between these two categories a hierarchical relationship has evolved in which propositional knowledge is seen to be both superior and of more value than non-propositional knowledge.

Over the years the nature of knowledge in nursing had changed, as had the value placed upon the different ways of knowing. In the 1940s research would not have been considered relevant to nursing but by the 1950s the need for research was beginning to be recognised. The era of questioning nursing practices, albeit questioning in a limited way, dawned in the late 1960s and early 1970s.

Encouraged by the Committee on Nursing, which in 1972 stated categorically that '*nursing should be a research-based profession*' (p 2), nurses began to accrue research-based knowledge. The early research tended to be sociological in character (Davies 1966), and was often undertaken by those who were not qualified nurses. Gradually, however, more and more nurses began to undertake research studies themselves, primarily following the medical model which is firmly rooted in the scientific method and scientific philosophy. The underpinning assumption of empirics, '*what is known is that which is accessible through the senses - that which can be seen, touched and so forth*' (Chinn & Jacobs 1987 p7) was seen to lead to a 'knowledgeable doer.'

Almost ten years earlier, however, Carper (1979) had suggested that in their everyday working practices, nurses used an eclectic form of knowledge. In the publication of her taxonomy of nursing knowledge she indicated that there were in fact four 'fundamental patterns of knowing in nursing': empirics, ethics, aesthetics and personal knowledge. This work, which has come to be seen as a classic in the synthesis of nursing knowledge, was the first of a number of papers published (see for example Meleis 1987; Thompson 1987) which

supported the view that practice was based on more than empirical knowledge alone and that other knowledge used in practice was of equal importance.

It could be argued that the era of nursing as reflective practice began with the debate as to whether nursing was an art or a science. The model of technical rationality suggested that applied research dictates all necessary procedure, but this is not always true within nursing (Saylor 1990). Schön (1983) argued that a rational technical, problem solving description of what professionals do was incomplete, and stressed the importance of the artistry of professional action. Reflective practice, which Schön (1983) saw as an essential component of professional action, could be seen to be redressing the balance between the science basis and artistry basis within nursing (Saylor 1990). Schön went further by arguing that the 'hard' knowledge of science and the 'soft' knowledge of artistry or intuition were both essential components of professional action.

For Schön (1983) professional practice was more than the straightforward application of theories. Instead the knowledge of the practitioner was inherent in the action. At the moment of practice, the practitioner did not consciously rely on a series of simple decision-making steps. It was more likely that practice was based, in part, on previous experience interacting with a particular situation, a process known as 'reflection-in-action.' This generated a form of tacit or intuitive knowledge which could not be articulated at the time. In the moment of practice, the professional practitioner possessed knowledge-in-action.

Because of its nature, knowledge-in-action was difficult to articulate but it could be described in part through the process of reflection-in-action. Schön (1991) believed that *'when someone reflects-in-action, he becomes a researcher in the practice context. He is not dependent on the categories of established theory and technique, but constructs a new theory of the unique case'* (p 68). For qualified nurses, their experience relevant to nursing would be their personal practical knowledge. Reflection on and about this personal practical knowledge, which has been accrued during a lifetime, especially an individual's lifetime as a nurse, may then enable the individual to re-shape and reformulate this knowledge and to attempt to understand it better. If this is so, nursing theory may be seen as dynamic (Whitehead 1989) in that it is continually created at the moment of action. In terms of the process of reflection it may be important to note at this point that in addition to reflection in action, Schön described another mode of reflection, that of reflection-on-action where the practitioner actively considered aspects of practice at times other than the moment of the action.

For an occupation eager to acquire a unique body of knowledge it was perhaps not surprising that reflection and reflective practice became prominent themes in the nursing literature during this time. Reflection was seen as a means of releasing *'a wealth of untapped knowledge'* (Benner 1984 p 11) which was embedded in the practices and the 'know how' of expert nurse clinicians. Furthermore, adequate descriptions of practical knowledge were seen to be essential to the development and extension of nursing theory (Benner 1984).

Whilst Benner's work may have been seen as authoritative on the subject, the work of other authors (see for example Burnard 1988a;1988b; Burnard 1991; Jarvis 1992; Johns 1994; Clarke, James and Kelly 1996) also extolled the value of reflection and reflective practice and commended the process to nurses.

Whilst it may be interesting to speculate on the reasons for the dearth of articles discussing the limitations of reflection, it may be argued that the gendered nature of nursing may have contributed to its apparent overwhelming acceptance amongst nurses. The dominance of the life-strategy of communion (Bakan 1966) which has been associated with women, has been seen to be characterised by openness, willingness to share and a readiness to accept new ideas. It may be argued that these are important precursors to reflective practice and indicate an orientation to non-positivist forms of knowledge. In contrast, the life-strategy of agency, which has been more associated with men, has been seen to be characterised by a desire to control, a tendency to separate off the non-controllable features of life and to deny the life-strategy of communion. These characteristics may predispose individuals to positivist forms of knowledge and may therefore be likely to inhibit reflectivity. The work of Belenky et al (1986) suggested that women's ways of knowing emphasised knowing in personal and interpersonal ways, in contrast to ways of knowing in men. The difficulties which may confront nurses however, is that, in general, it would appear that they work in a culture dominated by the life strategy of agency. This may have a negative influence on the 'reflectivity' of their working environment.

Nevertheless it would appear that during this time, nurses began to see reflection as an important part of nursing practice.

### *Clinical Autonomy*

The movement for clinical autonomy was conceived in the 1970s when institutions of nurse education on both sides of the Atlantic began to promote the idea of the independent nurse practitioner (Beardshaw and Robinson 1990). The commitment to autonomy is concerned with individuals knowing and asserting their own value and that of their clients and colleagues. It may be seen to have its roots in the 'I-Thou' relationship (Buber 1958) where an individual, in relation to someone else, recognises and acknowledges that the other person is also a thinking and valued being. The 'I-Thou' relationship where two people respect their mutual humanity contrasts with the 'I-It' relationship where the humanity of the other is denied and he/she is seen and treated as an object.

During the 1980s and 1990s changes began to take place in the organisational structure of nursing to accommodate new, extended and expanded roles of nursing practice. Arguably the most persuasive evidence for the progress of this movement was realised by the establishment of the Nursing Development Units in the mid 1980s. A feature of such units was the nurse-led management of beds together with nurse-led management and delivery of patient care. Early units focused on continuing care of the elderly but between 1985 and 1989 Oxford

Health Authority's Nursing Development Units admitted patients who would ordinarily have been on acute wards within the hospital. The lifespan of such units was however, relatively short and despite its acclaimed success (see for example Pearson, Smith and Punton 1986; Pembrey 1989) the Oxford unit was closed in 1989 as part of cost saving measures. Not surprisingly, perhaps, one of the strongest opponents of clinical autonomy for nurses had been doctors and some have suggested that they played a prominent role in the decision to close the Oxford Unit (Beardshaw and Robinson 1990). Whilst the loss of Nursing Development Units could be seen as a blow to clinical autonomy in nursing, Moloney (1992) argued that changing patterns of healthcare provided nurses with excellent opportunities to take the lead in meeting the health needs of the population. Following the reforms of the NHS, Witz (1994), in a similar vein, argued that nurses might be better placed than doctors to respond and capitalise on the restructuring of health care in Britain. This was partly because the rhetoric of patient-centred holistic care fitted more closely than that of curative medicine with the then discourses of health promotion. In addition to this however, Witz (1994) suggested that the models of enhanced nursing might be seen by managers as cheaper and more attractive than care organised by doctors. It may be argued that the introduction of nurse practitioners and nurse specialists, during this time, fostered the movement for clinical autonomy within nursing. Whilst the degree of autonomy experienced by individuals in such posts appeared to vary, the specialist knowledge and skills required for such jobs

created a potential for an increase in demand for specialist continuing education programmes, as the number of these posts increased.

### **Patient-Centred Model of Care**

Ideologies in nursing have greatly influenced nursing practices and changes in ideologies have therefore resulted in changes in practice. Few, if any, would deny that nursing practices have altered over recent decades. Tracing changes in practice is, however, difficult. Abel-Smith, commenting on the scope of his study of nursing history published in 1960, indicated that no attempt had been made '*to provide a history of nursing techniques or of nursing as an activity or skill*' (p 9). More recent historical accounts (see for example Maggs 1987) have also excluded nursing practices. Such omissions necessitate the scanning of old textbooks, nursing journals and the use of anecdotal accounts. On this basis it would appear that in the past, the vast majority of nursing practices were both ritualistic and habituated with little attention paid to rationale. Nursing was characterised by a set of pre-ordained rituals and routines (Pearce 1941). Learning to be a nurse, therefore, was a matter of learning the rules and then practising them.

The interest in research during the 1960s and 1970s promised an improvement in this situation. This promise was not realised however, and in general the value of research findings to nursing practice were lost during this time. There



were a number of reasons for this. Firstly, there appeared to be a lack of willingness amongst nurses to change their everyday practices. Secondly, few nurses understood the process of research. This was due, in part, to the absence of research as a topic in the curriculum of initial training programmes. Despite curriculum changes during the late 1970s and early 1980s, the amount of time available for this area of study remained limited. Thirdly, nurses were not reading research reports (Myco 1980); a situation which may have resulted from the lack of emphasis placed on research, in nurse education courses. Whilst the nursing press at the time contained a number of papers decrying this situation (see for example Barnett 1981; Hunt 1981; Hunt 1987), research findings continued to be ignored by nurses and ritualistic practices continued.

Such practices were not confined to the everyday techniques which nurses used in caring for patients but extended to the whole process of nursing, including the management of patient care. The introduction of the nursing process in the 1960s signalled the beginning of a fundamental change in the thinking towards patient management, focusing, as it did, on the needs of the patient. The process which was fundamentally a problem-solving circle, encouraged nurses to assess the patient's needs, plan the care, and then implement and evaluate that care. In a crude sense, the nursing process could also be used as a tool for measuring quality of care delivery. The protracted attempts, however, to gain nurses' acceptance of the nursing process and the subsequent difficulties encountered, have been well documented by Irene Walton (1986). Later, the

introduction of models of nursing '*a scientifically based, logically related set of concepts which identify the essential components of nursing practice*' (Riehl and Roy 1980 p 4) was met with similar opposition. Whilst arguably some progress was made, ritualistic practices continued as a feature of nursing until the mid 1980s and the introduction of the Project 2000 education reforms.

The ideology of New Nursing was evident in the course documentation of the early Project 2000 programmes which recorded '*recurring words and phrases...including "holistic care", and "client as the person at the centre of the caring process"*' (Jowlett, Walton and Payne 1994 p3). Models of nursing were seen as providing a conceptual framework for nursing practice and placed the patient at the centre of the care process (McKenna 1990). Kershaw and Salvage (1986) argued that nursing models also enabled the nurse to complement the biological approaches to the treatment of disease. In identifying a specific role for the nurse in the delivery of patient care, it may be argued that the adoption of models of nursing emphasised the potential role of the nurse as autonomous practitioner. The application of patient-centred care models required nurses to make radical changes to the way in which they managed patient care. As a result, nurses needed educational support to develop the skills and knowledge necessary to work within the framework of patient-centred care delivery systems.

## **Nursing in the Twenty-First Century**

Given the period upon which these discussions have focused, namely the last two decades of the twentieth century, inevitably during this time, consideration was being given to the challenges which nursing was likely to face in the twenty- first century. The 'Heathrow Seminar' (Department of Health 1994), a meeting between the Chief Nursing Officers of England, Wales, Scotland and Northern Ireland and a group of nursing leaders, identified a number of possible key issues.

Firstly, it was considered likely that nurses would be expected to be able to function in both community and hospital settings. Past training programmes leading to nurse registration contained little, if any, community experience and nurses who wished to work in the community had to undertake a post-registration programme of preparation. In the past, the vast majority of nurses worked in acute hospital settings but as Dolan (1993) suggested, the emphasis upon community care and patient-centred models of care could lead to a pattern of care which mimicked that of midwifery. The Domino (DOMiciliary IN-OUT) system, which placed the emphasis on pregnancy in the community, could potentially be modified for use in general nursing. Such an approach, which would mean the work of a nurse spanning both the hospital and community settings would, it was argued, result in both individualised and humanised care (Rundell 1992).

Secondly, it seemed likely that, as patterns of healthcare changed, so the role of the nurse would alter. Over the years, nurses had adopted various roles including portering as well as domestic and administration duties. Whilst, in more recent times, nurses had taken on some aspects of the work of doctors, a small number, working in specialist areas, were moving towards becoming autonomous, independent practitioners in their own right. The Heathrow Seminar, however, offered a somewhat unimaginative suggestion. As patient care moved between hospital and community, the role of the nurse might become that of co-ordinator of care; a role which most nurses considered they already occupied, at that time. However, it seemed likely that as the number of nurses working in the community rose, there would inevitably be a change in the focus of the role. This was because, in general, in the community, individuals were comparatively healthy. The role of the nurse would, therefore, move away from that of nursing the sick, to one of promoting, encouraging and enabling individuals to remain healthy. As such, the role of nurse as co-ordinator of care, would be dependent upon both the agreement and co-operation of other healthcare professionals. However, as the role and function of these other professional groups was also likely to change, it was considered that the concept of working within a healthcare team in the twenty-first century remained unclear. The view taken by other care professionals of nurses and nursing, was seen likely to be dependent upon how well each of the groups might '*defend or develop their own image and status*' (Department of Health 1994 p20).

Thirdly, if nurses were to work as independent practitioners, the issue of professional accountability would need clarification. Recent changes in healthcare delivery had resulted in the introduction of the Patient's Charter and the concept of the Named Nurse. This in turn, had increased the public's expectation of the service provided by healthcare professionals. For nurses, this was likely to mean increased individual responsibility for their actions. Whilst it was anticipated that many nurses might welcome this, a *'more autonomous ways of working'* would, it was considered, *'involve risks'* (Department of Health 1994 p 21). This situation could lead to large compensation claims by the general public as a result of perceived professional incompetency.

Fourthly, it appeared likely that cost-effectiveness would be a permanent feature of healthcare in the future. As a result the current attempts by a number of Hospital Trusts to substitute expensive, qualified nursing staff for relatively inexpensive, unqualified staff, looked set to continue. In a few instances such schemes were also linked to a re-organisation in the tasks which qualified nurses perform (see for example Clarke and Daykin 1997). Whilst these schemes remained in their infancy, the impact on the role of the nurse as a result of such substitutions, was not clear. What was becoming increasingly important however, was the ability of nurses to demonstrate their own value in relation to care, both from the point of the quality of the care and the cost effectiveness of delivery. Nurses themselves, therefore would need to learn to become responsive to the needs of the stakeholders.

## Towards a Learning Culture

As the climate of healthcare delivery began to change, the front-ended model of nurse education, in which it was assumed that the initial education programme prepared the nurse for the rest of her/his working life, no longer appeared to be compatible with a world in which nursing knowledge and technology were increasing at a rapid rate. One of the principles underlying the UKCC Project 2000 proposals was that the reforms to initial education should '*ensure a lifelong progression of professional learning*' (UKCC 1986 p 45). In December 1994 the English National Board for Nursing, Midwifery and Health Visiting published a document entitled 'Creating Lifelong Learners: partnerships for care.' In essence the document set out the Board's beliefs that quality in healthcare and education could only be achieved as a result of '*collaborative partnerships between the purchasers and providers of health services, the commissioners and providers of education and practitioners*' (ENB 1994 p 11). The document also praised the qualities of the lifelong learner and the benefits of creating an organisation in which lifelong learning flourished. Commenting on the popularity of continuing education in nursing in 1982, Charles had noted that the topic was not likely to spring to the lips of most nurses. In 1991 the nursing literature suggested that there was a growing demand for CPD and by 1993 Nolan et al reported that there were indications that the future demand for continuing professional development would be greater than the education provision available. This literature appeared to offer some evidence of a

growing awareness amongst nurses for the need for professional development and lifelong learning.

## **Chapter 2**

### **Introduction**

This chapter begins by considering the concept of lifelong learning with regards to nursing. It continues with a brief exploration of aspects of adult education and learning, in an attempt to uncover the salient features of lifelong learning. In addition to this, notions of a learning society and learning organisations are discussed.

### **Towards Lifelong Learning in Nursing**

In June 1992, the United Kingdom Central Council for Nurses, Midwives and Health Visitors published the code of professional conduct which stated that qualified nurses were personally accountable for their practice. The code further charged nurses with the responsibility to both maintain and improve their professional knowledge and competence - a requirement which remains to this day. It would be hard to doubt that the UKCC took the notion of continuing professional development very seriously. Evidence of a commitment to ensure that nurses did, indeed, improve upon their professional knowledge and competence was later provided when Council took the decision to formally link



continuing professional development, with the notion of a licence to practice (PREP 1994).

There were, however, other issues emerging which appeared to be pointing nurses in the direction of becoming lifelong learners. The nature of healthcare delivery was changing, during this time, and nurse practitioners were being seen as *'key to enabling health service purchasers and providers to achieve their strategic and operational objectives to achieve high standards of patient and client care'* (ENB 1994 p 1). As a result it was becoming increasingly important for nurses to possess the ability to respond quickly and flexibly to the needs of patients and clients. In addition to this, increased use of technology in nursing practice meant, for example, that during the late 1980s and 1990s equipment, once only used to nurse seriously ill patients in intensive care units, was becoming commonplace on general medical and surgical wards. Not only were nurses having to learn new skills and knowledge in order to be able to continue to function within the workplace, but increasingly society was placing an ethical responsibility upon them not to jeopardise the care of patients as a result of their own ignorance. During this time, continuing professional development was increasingly being seen as an integral part of professional accountability. The definition of the term professional accountability included activities concerned with weighing up the interests of patients or clients, using professional judgement and skills to make a decision and enabling the individual qualified nurse to account for the decisions he or she made (UKCC 1998).

The notion of clinical audit (the structured review by practitioners of the care they provided) had been a theme of the Conservative Government's White Paper, *Working for Patients* (DoH 1989). Whilst this directly referred to the performance of doctors in the delivery of healthcare, it seemed likely that this would be extended to cover the work of nurses. In reality, this took longer than might have been expected and nurses had to wait for a change of government and a restructuring of the NHS, before a model of shared clinical governance drew all clinical professionals into the audit process. However, the introduction of clinical effectiveness, one of the Conservative Government's quality-related concepts in the NHS (NHS Executive 1996a; 1996b), meant that nurses were expected to evaluate the extent to which planned outcomes, or standards of care, were achieved in practice. This involved nurses developing the necessary critical appraisal skills for '*assessing the evidence base for their interventions*' (Crinson 1999 p 450).

Tight (1998) suggested that there was a strong sense of compulsion associated with the concept of lifelong learning. Compulsion, that is, to participate in some form of learning activity. It may be argued that nowhere had this strong sense of compulsion been made more apparent, than in nursing. The requirement to provide evidence of professional development, in order to continue to practice as a qualified nurse, ensured more than an arbitrary commitment to lifelong learning. Publication of '*Creating Lifelong Learners, partnerships for care*', by the ENB in 1994 appeared to provide further evidence that the statutory bodies,

during this time, were intent on focusing the minds of nurses on what was becoming a popular, world-wide concept - lifelong learning.

## **Adult Learning**

In a world in which change was becoming a regular feature, the concept of lifelong learning had begun to attract a great deal of attention. In its medium-term plan, UNESCO designated the years 1995 to 98 to sustainable human development (lifelong learning) and peace, and The European Commission selected 1996, as the 'European Year of Lifelong Learning.' New organisations such as the European Lifelong Learning Initiative (ELLI) and the World Initiative on Lifelong Learning, were formed to widen the debate and initiate lifelong learning activities in Europe and around the world. Furthermore, a number of published official reports focused on lifelong learning, or on areas linked to the concept (see for example The European Commission White Paper 1996; DfEE 1995; DfEE 1996; Report of the National Committee of Inquiry into Higher Education 1997; DfEE 1998a; 1998b).

During the 1980s and 1990s Britain, together with other industrialised European countries, began experiencing complex changes which were manifested in three major trends. Firstly, the internationalisation of trade, secondly, the dawning of an information society and thirdly, rapid developments within the fields of both science and technology. With the creation of a 'global market' it was becoming

increasingly possible to design a product in one country, finance it in another, manufacture it in a third and sell the product world-wide. In addition to this, patterns of work were beginning to change, due to increased use of information systems. Advancements in technology were also beginning to have an effect on working practices. No longer were workers faced with repetitive tasks. The nature of work, in many organisations, was moving towards much more varied activities. This meant that, in general, the employees within a company were no longer being viewed as a homogenous group by managers but were being seen as individuals. Meanwhile, the model of companies and organisations during this time, was changing, and whilst this new-found status for employees may have been an improvement for some individuals, the growth in scientific and technical knowledge appeared to be met with general suspicion and mistrust by others. Increasingly, employees had to learn to function within complex networks and as a result they were becoming vulnerable to developments and changes in both the pattern and organisation of work.

These changes led Tuckett (1997) to suggest that a country's economic survival was dependent upon having a suitably skilled and flexible workforce, in order to meet the needs of market forces. Whilst, in general, the number of skilled workers had been increasing world-wide, in Britain the picture had been one of a declining membership within this group. In 1995 the Economic and Social Research Council published an occasional paper entitled, 'Lifelong Learning.' The authors, Layard, Robinson and Steedman, argued that the country's policy

on skills could not *'be passive'* waiting until manifest shortages appeared.

What was needed was the production, in advance, of *'a more flexible workforce, better-equipped to respond to and initiate changes'* (Layard et al 1995 p1). A possible solution to this and other problems created by these world-wide changes appeared to lie in the notion of lifelong learning, together with the creation of a learning society. The challenge set for Government, therefore, was to create an environment in which individuals would be encouraged to develop as lifelong learners, and to promote conditions which would foster the emergence of a learning society.

The notion of lifelong learning can be traced back to Plato (Jarvis 1995). More recently, however, the concept has been associated with the work of such twentieth century educationalists as Dewey (1916), Lindeman (1926) and Yeaxlee (1929). According to Lengrand (1986), lifelong education arose out of the practice of adult education, together with theoretical reflections upon the process. From a historical perspective, early adult education in Britain had been available only to the rich. However the social reforms, together with the influence of religious organisations, whose doctrines included the welfare of the total man, both spiritually and intellectually, changed this situation. By the nineteenth century the introduction of adult evening schools, such as those offered by the Mechanics Institutes, and later by the co-operative guilds and temperance organisations, extended the option of education to the working classes (Keane 1988). Whilst it may be argued that the majority of such

education programmes were borne out of the belief, by providers, that education benefited the individual and led to improvements in the quality of life, the context in which the development of these early adult education programmes took place, should not be overlooked. The industrial revolution in Britain, heralded a period of rapid change with the introduction of sophisticated technology, together with the development of new knowledge, ideas and values. This meant that during this time, society itself was changing. Adults therefore, not only needed help in acquiring the necessary skills in order to be able to use the new technology, but also in adapting to a changing society. In such a climate, it appeared no longer appropriate for learning to stop at early adulthood; the process needed to continue throughout the lifespan of an individual.

During the twentieth century the provision of adult learning became the largest growth area in the field of education. As a result, it attracted the attentions of a number of educationalists whose subsequent deliberations resulted in the development of various theories about the nature and process of adult learning. These individuals had been, in the main, in the forefront of child education and as such it seems likely that this background influenced their thinking. Squires (1997), for example, argued that most educationalists linked the concept of education to childhood and adolescence, despite lack of evidence to support coherence between the two. As a result the first adult educationalists concentrated upon the *'atypical nature of their students - namely the fact that they were adults,'* (Squires 1997 p 90). Early notions of what constituted an

adult learner, focused upon the chronological age of the individual as arguably the simplest and most obvious approach to take. Peterson (1979) for example, viewed adulthood as a status involving certain responsibilities. Ageing became a characteristic of adulthood (Jarvis 1995) and for this reason the education potential of an adult was seen '*very much in terms of decrement and decline*' (Squires 1997 p 90). More recent explanations of adulthood have become more complex, placing the individual within a specific group, whilst recognising the importance of an individual's experiences and life events.

Whilst various approaches to adult learning existed (see for example Reigel 1979), arguably the work of Malcolm Knowles (1973) has held the greatest influence amongst adult educators in recent years focusing, as he did, on how adults learn. Knowles offered four ways of defining the term adult. Firstly, adulthood was associated with certain biological changes. Secondly, adulthood was defined by age, thirdly, individuals adopted certain social roles with adulthood and fourthly, individuals arrived at adulthood when they possessed a self-concept for taking responsibility for their own lives, thereby becoming self-directed. This latter definition was pivotal to Knowles' thinking, as he supported the notion of a developmental process leading to adulthood in which individuals gradually took responsibility for themselves, so becoming able to make their own decisions. The degree, rate and process of the development, depended upon the situations and circumstances to which the individual was exposed. He suggested, however, that an individual's self-concept and the ability

to self-direct, were not fully developed until they had left '*school or college*' (Knowles 1989 p 55). This approach to adult learning, was based on a number of assumptions, of which a truncated version follows:

Adults preferred to be self-directed in their learning;

Adults were motivated to learn;

Adults' experience was a rich source of learning;

Adults needed to be able to apply what they learnt;

Adults' self-concept was affected by what they learnt.

Jarvis (1995) listed a further four individuals whom he considered to have been influential in the field of adult education: Carl Rogers, Paulo Freire, Robert Gagné and Jack Mezirow. Interestingly similarities amongst the works of these theorists can be identified, namely the emphasis upon reflection, experiential learning and, with the exception of Gagné, the self. Whilst the latter appears to reflect the humanistic concerns of adult education over the years, the former indicated a recognition that humans were able to synthesise the external stimuli received through their experiences. Pivotal to most theories of adult learning appeared to be the recognition that adults learnt, most effectively, when the learning was in response to a need or problem. Learning from experience was also an important process for adults. It is interesting to note, however, that when first published, Knowles' work stimulated considerable debate in the American journals, as to the existence and validity of a discrete theory of andragogy. Writers, such as Jarvis (1983) and Brookfield (1987) concluded that



there was little, if any, evidence which supported such a theory. Furthermore, Jarvis (1983) argued that children, when confronted with a problem which they wished to solve, had the same motivation and readiness to learn as an adult. Knowles had also claimed that adults engaged in '*self-directed learning outside of formal instructional programs*' (Knowles 1989 p 420). It seemed likely that this claim was based on research into the adult learner, conducted by Allen Tough. This work, however, had been severely criticised by Brookfield in 1981, so casting further doubts on Knowles' theory of adult learning. In more recent years, Knowles himself acknowledged that there were problems with the notion of a discrete theory of adult learning. As a result he re-adjusted his position towards andragogy, claiming that the term more aptly described an attitude towards education (Burnard 1989).

### **Definitions of Lifelong Learning**

Whilst it would appear that there have been, and are to this day, various views about lifelong learning and the functions that it should perform, in the main, definitions have included the notion of a process of learning which continues throughout an individual's life. As a result, lifelong learning has been seen to replace the notion of a 'front-ended' model of education as advocated, for example, by Durkheim (translated by S. D. Fox 1956). The term 'lifelong education', has been used to describe the process which would enable lifelong learning to be accomplished. Cropley (1980) offered a focused description of

certain aspects of this process, including the contribution of all available educational influences, formal, non-formal and informal. Arguably his work encompassed the key features of the thinking on lifelong learning and education, such as the language of change, and the links between education and the economy of the country. However, Cropley (1980) emphasised the role of adults in taking charge of their learning. In addition to this, he considered that the education system should be extended to include providers who were traditionally excluded from the process. Bagnall (1990) suggested that the function of lifelong education was concerned with the *'preparation of individuals for the management of their adult lives'* (p1), whilst Tight (1998) argued that the term had become a *'wonderful slogan'* as it *'lent itself to a variety of different interests and uses'* (p 254). In the main, definitions of lifelong learning and education appeared to suggest a form of idealism (Jarvis 1995). As a result, the mechanics of how to create a society in which everyone was a lifelong learner, became a vexed question.

## **A Learning Society**

The considerable amount of literature on the topic of a learning society, (see for example Hutchins 1968; Lloyd 1990; Field 1998; Ainley 1998) has resulted in various definitions and interpretations of the concept; a situation which, it may be argued, has been further compounded by a scarcity of *'sustained writing on the theory of the learning society in Britain'* (Rikowski 1998 p215). In addition

to this, however, Gleeson (1996) criticised the lack of critical analysis which existed within the writings on the concept, and such authors as Edwards (1995) and White (1997), indicated that the notion of a learning society simply lacked clarity. There were also a number of authors who rejected the concept or the ways in which it had been typically defined. As a result, the concept remains to this day, essentially contested. Nevertheless, over a period of time, a number of models of a learning society have appeared in the literature.

### **The Education Model**

A number of writers suggested models which focused directly on education as a central feature within society. Young (1993; 1994) for example, suggested three models which emphasised the importance of both education and training.

Young's first model was based on the notion that all individuals should participate in formal education programmes in order that as many as possible obtained a minimum education and training. The second model stressed the importance of individuals leaving school with some kind of qualification, e.g. GCSE, GNVQ. This model emphasised the importance of certificated knowledge, but also stressed the importance of knowledge which was relevant to the world of work and employment. Young's final model focused on post-compulsory education; in particular, the emphasis within this model was on accessing such programmes.

Schön (1971) suggested that the explosion of technological advancements meant that stable views of such areas of society as religious beliefs, occupations and value systems would be lost, and as a consequence individuals would have to learn to live beyond the stable state. He suggested a model of learning for society which presented '*paradigms of learning systems for the society as a whole*' (p 61). There appeared to be no apparent structure to these systems. The emphasis being on flexibility, with interconnecting networks and feedback loops which enabled individuals to transform themselves by the development of additional knowledge and skills. Edwards (1995) also focused upon a learning society based upon a system of a number of learning networks. These were seen to offer a means by which individuals could be linked, both nationally and internationally.

Writers such as Holt (1977) and Illich (1973) recognised that learning could not be separated from society. According to Holt (1997) learning, which was about doing, was not just for the young but should be available to all individuals. As a means of creating a 'Doing Society' systems should be developed which enabled learning to take place within the community, using members from within that community as learning resources. For both Holt (1977) and Illich (1973), the school structure as a form of delivery of education would be replaced by 'learning webs.' These represented a form of networking between individuals, in an attempt to execute skills exchange by peer matching. In such a system, educators were viewed as partners in inquiry and directories of such individuals

would be available to learners. It may be argued that the foundations of such thinking appear rooted in the late nineteenth and early twentieth centuries with the Workers Educational Associations and Mechanics Institutions.

Husén (1974), however, suggested that the notion of learning as a focus central to society was not enough, what was needed was for individuals and organisations to learn about the way in which they learnt. This would require a different approach to education. He argued that before it was possible to create a learning society, there needed to be a critical review of the institutionalised nature of schools. Husén (1974) proposed reforms to schools, which fell short of the notion of de-schooling (Illich 1971). Nevertheless he argued that society needed an education system which balanced specialist and expert knowledge and opinion, with a common liberal approach to schooling. This in turn he perceived would lead to a system which encouraged the necessary communication skills which would enable individuals to converse with, and be understood by others, in society as a whole. For such a state to exist, however, it was necessary that every member within a society, participated in the learning process.

### **The Economic Model**

The approach taken here has been referred to as '*the narrow, economists' version*' of a learning society (Rikowski 1998 p 217). Central to the thinking

which underpinned this model, was the notion that a learning society would be primarily concerned with ensuring that there were sufficiently skilled individuals for what would become a continually changing labour market. A second theme, encompassed by this model, was the idea of the usefulness of knowledge for work (Cooley 1993; Ainley 1993; 1994). Successful organisations, would be ones which involved their employees or members in worthwhile group or individual learning activities throughout their entire working lives. In addition to this, it was envisaged that the new information technologies would create the potential for greater democracy in the workplace, which in turn would lead to enhanced job satisfaction. Arguably, the work of both Layard et al (1995) and Tuckett (1997) appeared to favour such a model.

Hughes and Tight (1998), however, suggested that there were a number of myths surrounding the notion of a learning society. As such, the appeal of a learning society lay in the workings of these myths. In their view, the myth surrounding productivity and change stemmed from the premise that the world had entered a period of unprecedented change, both socially and economically. Investment in the education and training of employees, by organisations, would help to ensure that they were able to keep abreast of such changes, so maintaining an increase in the production of goods. Interestingly, Shackleton (1992) also supported the notion of a productivity myth, and concluded that there was '*no necessary connection between stocks of skilled labour and productivity*' (p 80), a view which was later endorsed by Murphy (1993).

Furthermore, Hughes and Tight (1998) argued that such a myth served to focus a false consciousness on the nature of labour and capital. In doing so, the failure of an individual, for example, would be seen to be a direct result of a reluctance, by her or him, to grasp available opportunities for development and advancement. They suggested, therefore, that the perpetuation of such a myth was not beyond the realms of disparate power groups within society, such as politicians, employers and educationalists. It was envisaged that for such groups, a myth of this nature could prove a useful tool for sustaining their own interests and future policies within society.

### **The Citizenship Model**

Pivotal to the thinking on this model was the notion that a learning society was one in which individuals were concerned, primarily, with learning for citizenship (Husén 1974; Ranson 1994). One of the potential stumbling blocks in a society which itself was shaped through the learning of individual members, was that there may be conflicting conceptions about the values upon which any changes should be based. This model however suggested that the answer lay in the notion of reasoning and public discourse. In this way the pattern of life would be argued out through reasoned public discourse which, in itself, would extend the scope of an individual's learning (Habermas 1984). Active participation in decision making and collective action within the community would lead to a greater self awareness for individuals (Mills 1959; Brookfield

1987). It was considered that through this collaboration with others it would be possible to create a truly democratic community which would bring about personal, as well as social change.

Edwards (1995) argued that the lifelong learning trajectory would, inevitably, lead to active citizenship. Interestingly, in 1996 this model appeared to be favoured by the British Government. Speaking on the importance of lifelong learning, James Paice, the then Under-Secretary of State for Education and employment, suggested that those who developed a habit of learning would be much better placed to use their increased leisure effectively and pleasurably. In addition to this, parents for whom learning was a way of life would be much better able and prepared to help their children to learn, and older people, who continued to learn would be much more likely to continue participating in their communities. There appeared, therefore, to be a growing sense of lifelong learning as a vehicle of both social and cultural improvement.

### **Building a Learning Society**

The European White Paper (1996) broadly proposed five key areas which would act as the foundation stones in building a learning society. Firstly, it was necessary to encourage individuals to acquire new knowledge and skills. This, it was suggested, could be achieved by enabling individuals to access a wide range of learning opportunities, in a variety of contexts, as well as providing



different forms of teaching. In addition to this, it was proposed that Personal Skills cards be introduced. These would contain the record of an individual's work profile, including her/his qualifications or skills, together with the outcome of all learning experiences. Secondly, the paper emphasised the need for the parameters of education to be extended, so leading to the development of partnerships between institutions of education and the business sector. This, however, was not to be seen as a suggestion that education should become a tool for serving industry. Whilst education was seen to have a broader remit than that, it was argued that benefits could be achieved from the co-operation between employers and educationalists.

Thirdly, it was imperative that every effort should be made to eliminate the gap between those who had a reasonable standard of living and those who did not. Across Europe it was becoming evident, at this time, that those who were poor educational achievers were the individuals who were most likely to be unemployed. It also appeared that making the first step into the labour market was often difficult for some young people, a few of whom were falling badly at this first hurdle. In an attempt to combat exclusion, the White Paper proposed a two pronged approach. For those youngsters who had failed in mainstream schooling, a second opportunity was to be offered, with the anticipation that these individuals would then be able to acquire qualifications and skills relevant to the labour market. In addition to this, a European Voluntary Service scheme was to be launched which would enable young people to engage in welfare and

humanitarian activities in developing countries or in a country within Europe. Furthermore, the paper proposed that all Europeans should be encouraged to become proficient in another language or languages. The acquisition of additional languages was seen as not only helpful for those individuals engaged in trade within Europe, but also as a means of encouraging an identity of citizenship within the European community. Finally, the paper proposed that there should be a means by which the collective skills of the employees of a company should be formally recognised as part of its assets. In this way it was hoped that companies would be encouraged to invest in training and education for their employees.

In the United Kingdom, Taylor (1998) indicated that, in the world of higher education, lifelong learning had become a key part of the Labour Government's radical agenda of reform and development. A Green Paper entitled 'The Learning Age' arguably offered the greatest insight into the Government's vision of what was required for building a learning society on these shores. The paper endorsed the need for a transformation of culture to achieve the 'learning age.' In order to do this it was suggested that a number of locations for study should be available - for example, local libraries and shopping centres, together with the traditional institutions of colleges and universities. It also recommended the use of all modes of delivery including distance learning packages, television, as well as on-line facilities. In recognising the need to encourage investments in the development of skills within workforces, however,

the paper introduced the concept of a new type of educational institution, a University for Industry. This, it was claimed, would *'put the UK ahead of the rest of the world in using new technology to improve learning and skills'* (DfEE 1998a p13). Such a university, it was proposed, would be able to draw upon the experience of broadcasting in mobilising people to take up learning.

Acknowledging the cost of education, the Government proposed the introduction of individual learning accounts. A national system of these would, the paper claimed, enable *'all individuals to save and borrow for investment in their own learning'* (DfEE 1998a p 21). These accounts would be available to everyone and would enable individuals to pay for the actual learning of their choice, or alternatively the money could be spent on child care arrangements which might then enable women with children to participate in learning activities. As well as these measures, the paper also indicated the creation of what may be viewed as a parallel credit framework for further and higher education, with the notion of an eventual creation of a unified credit framework for lifelong learning.

Ranson (1998) considered that if a learning society was to be created by the turn of the century, the development of cultural co-operative action was required. The central task would be to transform the way people perceived and thought of themselves, and others, and their potential capabilities. The challenge, therefore, was to change the view of citizens to that of themselves as learners, and to

encourage them to develop in such a way as to reach their full potential. Schön (1971) argued that government was central to the formation of a learning society, as facilitator of the transformation. He went further, however, by suggesting that government itself needed to become a learning system in order to facilitate the process of learning within society. Only in this way, could government help society identify, analyse and solve its problems.

Arguably, one of the obstacles to the development of a learning society in the United Kingdom was the apparent reluctance of all adults to participate in the process of lifelong learning. In 1994, for example, the National Institute of Adult Continuing Education discovered *a massive gap between the Government's vision of a learning society*, in which individuals invested in updating their skills and knowledge throughout their lives, and the *'actual amount of learning'* (p 1) which adults undertook. Writers, such as Mills (1959); Husén (1974); Schön (1971) and Brookfield 1987) indicated that, for a learning society to exist, democratic changes to the conditions of learning would need to occur. For those involved with the planning of educational opportunities, consideration needed to be given not only to the problems associated with pedagogy, but also to the problems of *'social justice'*, and of *'national economy'* (Husén 1974 p 16). At the level of the individual, McGivney (1990) identified financial, as well as attitudinal barriers to effective participation in lifelong learning. In a response to the Government's Green Paper, *Realising the Learning Age*, the NIACE (1998) endorsed the need for greater involvement by Government in both encouraging

and motivating adults to participate in the learning process. Furthermore, they indicated that priority should be given to the needs of individuals as these had, in the past, been traditionally under-represented in education and training. These included the needs of such groups as manual workers, the unemployed, the elderly, offenders and ex-offenders and people with literacy and/or numeracy difficulties. Hughes and Tight (1998), however, argued that whilst it appeared that the richer, rather than poorer nations, were closer to achieving a lifelong learning society, in all countries '*substantial proportions of the population would remain excluded or under-involved*' (p 185) in the learning process.

### **Learning Organisations**

There seemed little doubt, that the creation of a lifelong learning society, would have implications for those working in the fields of both education and training. The NIACE (1998) reminded Government that there was a need to ensure that such staff received relevant development and training, so that they would be able to make a substantive contribution to the process. Peterson and associates (1979) indicated that the concept of lifelong learning would mean a host of new life options for the individual. Initial schooling could be shortened (or lengthened) and all graduates would learn the skills which would enable them to pursue further learning. Full time work could begin early or late and could be combined or alternated with learning - either school-based or self-directed - throughout the middle years. In later years, full-time work and formal learning could give way

to independent learning and increased recreational activities. Whilst it would seem likely that the work patterns of both educators and trainers would be affected by such options, Long (1990) indicated that the content of education programmes would also need careful consideration. He argued that there was limited relevance in what was being taught at that time. This was because the frontiers of knowledge were increasing so rapidly that individuals could absorb only a fraction of what was available, but often the gap between new discoveries and their implementation was such that obsolete technologies and concepts were to be found on the curriculum of education programmes. Arguably one way of dealing with this problem would be to place the emphasis on the learning process itself. This would mean ensuring that individuals were equipped with the correct tools for learning, together with the appropriate skills with which to access the necessary resources.

It seemed likely, during this time, that the transformations in the world of work would inevitably mean that employers, in the future, would be seeking a workforce of individuals who were able to constantly re-define the necessary skills for a particular task and possess the ability to access the relevant resources for learning new skills. Such individuals would also need to be autonomous, self-organising, networking, entrepreneurs (Castells 1998). It was envisaged that the development of such personal qualities as these, needed to begin in schools, alongside information and communication technology and, what might be termed, the 'conventional curriculum.' In order to enable students to develop

higher levels of knowledge and skills, however, teachers would need to use teaching and learning techniques based on best practice, validated by existing knowledge and research evidence. As a result, schools would need to become places of knowledge creation. According to Hargreaves (1999), the knowledge-creating school would audit professional working knowledge, manage the process of creating new professional knowledge, validate the professional knowledge created and finally disseminate the created professional knowledge. The professional knowledge referred to here was concerned with that which was necessary for teaching and learning in schools. It may be argued, however, that Hargreaves' (1999) ideas might have some relevance for institutions concerned with continuing professional education.

For those individuals working in the field of continuing professional development, the challenge would be one of helping existing professionals cope with a continually transforming work place. This would involve enabling individuals to develop the appropriate knowledge and skills in such areas as, for example, information and communication technology, combined with the appropriate skills of constant re-definition of tasks and acquisition of new techniques. In addition to this, however, professionals would also need to develop the personal qualities which would enable them to become innovative, autonomous and entrepreneurial. In an effort to help such professionals, educationalists would need to recognise the importance of 'best practice' in the techniques of both teaching and facilitating learning. This would mean that such

educationalists would need to share their expert knowledge of such practices and make use of new knowledge and techniques, established through research.

In addition to this, however, educationalists working in the field of professional education would also need to pay attention to the creation of new knowledge within their profession. Reference has previously been made to the development of nursing knowledge, including the problems associated with implementation of research findings. Hargreaves (1999) suggested the abolition of Research and Development Units, as one way of dealing with the problem in the field of general education. He advocated that research should be undertaken in schools, so that teachers would work alongside researchers and, as a result, would not only become aware of new developments but might also come to understand and value the research process. In nursing, research had traditionally been performed by those working in universities and by individuals who were not necessarily nurses. Moving nurse education into universities had not completely changed the situation as most Colleges of Nursing had been incorporated into institutions whose strengths lay in teaching, rather than research. One possible solution, however, might be selective amalgamations of universities which would result in larger institutions, with expertise in both teaching and research. Such a model would offer nurse educationalists the opportunity to work alongside researchers and develop skills within this field for themselves. Arguably such a model might also promote better dissemination of research findings.



New professional knowledge, however, is also borne out of practice. Nurse educationalists had already been facilitating and encouraging the process of reflection amongst qualified nurses. In some instances action research projects were developing. These involved managers, practitioners and educationalists and promised to bring theory and practice closer together. What appeared to be needed, however, was a model which encompassed all forms of knowledge creation and which enabled validation and dissemination of such knowledge to take place. Nonaka and Takeuchi's (1995) model, based on the creation of knowledge in industry, stated that there were two elements: explicit knowledge and tacit knowledge. Knowledge creation, they suggested, resulted from the interactions between these two elements. The focus of the model was the exchange of knowledge through shared experiences which generated tacit knowledge. Dialogue with others facilitated the process of conversion of tacit knowledge to explicit knowledge. In addition to this, it was claimed that networking resulted in 'combination': a process described by Hargreaves (1999) as the systemisation and elaboration of explicit knowledge, as a result of a combination of different bodies of knowledge.

Nursing, it may be argued, appeared well placed to utilise such a model. The potential for a close working relationship between providers of healthcare and institutions of nurse education had always been present, although arguably never fully realised. There were a number of reasons for this, some historical, others possibly brought about by the 1989 reforms. For example, a report from the

United Kingdom Central Council Commission for Nursing and Midwifery Education (1999) had identified that institutions of higher education were prepared to invest in the development of nurse education but were reluctant to do so as a result of the short term contractual arrangements between themselves and local purchasing consortium. In addition to this, the role of the nurse lecturer had always been problematic, particularly with regards to their position within the practice area. One contentious issue had been the amount of time that nurse lecturers spent in the clinical area maintaining their own practical knowledge and skills. Some argued that nurse lecturers needed to remain clinically competent if they were to be involved in teaching the skills required for nursing care. Demands upon nurse lecturers' time for classroom teaching, however, meant that, in some instances, physically getting to clinical areas had proved difficult. It also seemed likely, that some nurse lecturers had become reluctant to trespass into the arena of patient care delivery. The report of the Commission for Nursing and Midwifery Education (UKCC 1999) had stressed the need for lecturers to spend more time working in the clinical area, in order that they might gain both confidence and competence in the practice environment. If institutions of nurse education were to become centres for knowledge creation, it appeared that there would need to be a number of changes. Stephenson and Lehmann (1995) suggested that educational institutions would need to become responsive to the rapidly changing environment, in order to survive. In particular, the needs of students and the quality of programmes should be given paramount consideration.

Responsiveness, it was argued, could only come from the employees of such institutions. They themselves, however, would need to be '*enabled to learn, to keep up with developments, encouraged and supported*' (Stephenson and Lehmann 1995 p 18). What appeared to be called for in nurse education was a different and more dynamic relationship between health care organisations and universities. In addition to this, greater consideration would need to be given to the role of the nurse lecturer.

### **Lifelong Learning and Flexibility**

Tight (1998) argued that lifelong learning was a truism in as much as how could an individual not learn, in some sense, as they continued living? It may be argued that such a comment was based on the realisation that people in modern society - regardless of their class origins, race or gender - were all engaged in lifelong learning, not in schools with teachers, but in their everyday lives, at work and through communication. This natural form of everyday learning could then provide an important starting point for 'lifelong learning for all.' Arguably the point to be made here, however, is how to structure, encourage and support that learning. The European White Paper (1996) had suggested that, in order to encourage individuals to actively engage in learning new knowledge and skills, there would need to be greater flexibility, not just in the process of learning but in both the accreditation of learning and in the recognition of competencies - a statement which had been supported by both the UKCC and ENB. It was

becoming apparent, however, that in nursing consideration also needed to be given to the differing needs of nurses during their professional lives, and as they moved in and out of formal education programmes. The major challenge for nurse education providers, therefore, lay not only in the complexity and diversity of such learning needs, but also in matching them with the appropriate provision. It may be argued, therefore, that flexibility may be an important aspect of providing lifelong learning opportunities - both with respect to what is studied and how and when materials are made available.

## **Chapter 3**

### **Introduction**

This chapter discusses some of the issues surrounding the research problem. In addition to this the research questions are presented and the approach taken to the study described. Descriptions of the methods of data collection employed during the study are also included in this chapter.

### **The Research Problem**

Madden and Mitchell (1993) indicated that continuing professional development (CPD) in nursing was crucial to the provision of an effective and well-educated workforce. At the time of this study, however, the world of CPD in nursing was in a state of considerable flux, as a result of a number of changes in healthcare in Britain. Whilst some of these changes have already been discussed in chapter one of this study, for the benefit of the reader, a short resumé of the key influences on continuing professional education in nursing, follows. Changes in the management and organisation of the National Health Service had resulted in a significant impact on the demand for CPD in nursing. At the same time, nurses themselves had begun to seek out CPD opportunities in response to the requirement for formal professional updating through PREP (UKCC 1994) and in response to their own needs to fulfil their professional aspirations. Changing

career patterns and lifestyles of experienced nurses had further complicated the demand for CPD (Davies 1990) and this situation was compounded by the process of professionalisation in nursing, the result of which was a growing awareness of the complex and problematic nature of professional nursing knowledge and its development (see for example James and Clarke 1993;1994).

It may be argued that the nature of the CPD needs of nurses has important implications for nurse education. The learning needs at this time related not only to content but were also influenced by a host of other constraints including location, time, preferred learning style and prior experience. The changed and changing context in which learning needs were expressed was also significant. For example, it became evident during this time that, more than ever before, Trust hospitals were increasingly concerned with issues such as skill mix. As a result practitioner flexibility was becoming important.

These influences gradually led to the development of a multiplicity of different modes of delivery of professional education for the post-registration nurse. The increased flexibility, for example, extended the range of options far beyond those represented by the traditional 'course'. The changes however, did not happen overnight; they were gradual and had a history. In essence, it would appear that the evolution had been driven by a growing understanding of the principles of andragogy (Knowles 1970), a need to enhance access and an increasing understanding of the nature of professional knowledge. From a

historical perspective, there had been three themes in the new modes of CPD, all of which had served to increase the flexibility of provision. First, there was distance learning, then open learning and finally there was the emergence of flexible learning. All three appeared to have overlapped in time, which makes it difficult to distinguish unequivocally one from the other. The different modes are difficult, therefore, to separate and characterise definitively.

### ***Distance Learning***

The key feature of distance education has been described as “*the quasi-permanent separation (of the teacher and learner) throughout the learning process*” (Kegan, 1986 p 39). This feature was used by Clark and Robinson (1994) as one of the characteristics to distinguish distance learning from open learning, in nursing. Rowntree (1992), however, asserted that the term distance learning could also include the notion of the learner being at a distance or separate from the developer of the programme, those who assessed the learner’s work, other learners, and the separation of the learner from their place of work and their clients. Such a notion suggested that all learning was likely to be distance learning, to some extent.

For the learner, an important attraction of distance learning was that it offered some control conveying a sense of autonomy and independence over the learning process, particularly in respect of where and when to study (Keegan

1986). For providers, distance learning, using resource packages, offered economies of scale; large numbers of learners could be accommodated through an 'industrialised' process (see Robinson, 1989). Such approaches, however, were seen as having some disadvantages. It could be argued that distance learning resources - certainly in their early formats at least - failed to respond to the individual learner's unique learning needs and did not adequately address the issue of the learner's professional context. Also, in distance learning, learner autonomy remained restricted and somewhat illusory (Robinson 1989). These weaknesses represented significant barriers to professional development by means of distance learning and it was to overcome these barriers, and thereby to increase flexibility yet further, that open learning emerged (see Bosworth 1991).

### ***Open Learning***

Lewis and Spencer (1986) indicated that the central notion underpinning open learning was choice. By exercising choice the learner was in the best position to ensure that her/his needs were met (Lewis and Spencer 1986). Important aspects of learner choice included: whether or not to learn; the content; the learning methods; the timescale; the kinds of support for learning; the nature of feedback and the assessment and what to do next (Lewis and Spencer 1986). Definitions of open learning were numerous and varied and stressed different interpretations of openness such as minimising restrictions on students and using the widest range of teaching strategies (Coffee 1977); the learner exercising



choice (Lewis and Spencer 1986; Race 1994) enabling people to learn at their own pace, place and time and maximising access (Hodgson 1993; MSC 1984); optimising learner control (Dixon 1987; Clark and Robinson 1994); providing people with a fair chance of success (Holt and Bonnici 1988); and openness in curriculum development and planning (Bligh 1982). Thorpe and Grugeon (1987) viewed openness in terms of the effectiveness of the response to the learner's requirements under headings such as Who? How? When? and How is the learner doing? The focus on the learner in almost all of these definitions may be viewed as an attempt to redress the balance of power between the learner and the teacher/institution and an assertion of the importance of student-centred approaches to learning. These motivations, particularly the latter, appear to have led to a widely held, but largely uncontested, view that increased openness must be 'a good thing'.

At the time of this study, the use of open learning in nurse education in the United Kingdom had grown considerably since the earliest open learning course for nurses offered by the Open University in 1984, considered by Clark and Robinson (1994) to be a landmark. A number of open learning programmes began to be offered by both public and private sector organisations. In 1989, Clark described a 'hybrid course' which consisted of '*part face-to-face teaching and part independent learning based on open learning materials*' (Clark 1989 p176). She argued that such a hybridisation strengthened the value of the component parts. Clark's case study illustrated the findings of Rogers, Maggs

and Lawrence (1989) that a significant majority (85%) of health districts and health authorities in England used distance learning materials as *'the core of an existing continuing professional education event or as supplementary learning materials for conventional continuing professional education events'* (p3). This flexibility in the use of materials appeared to parallel the emergence of the term 'flexible learning' in nursing. Indeed, Clark and Robinson (1992) in an appraisal of open learning in nursing, stressed its importance, asserting that flexibility was *'a key feature of any open learning system'* (p 3). This assertion appeared to confirm the view of the English National Board for Nursing, Midwifery and Health Visiting (ENB 1990) during this time. The same view was reiterated by McManus and Lyne (1992) and paralleled a widely held notion in open learning in other contexts (see for example, Race 1994; Thomas 1995).

### ***Flexible Learning***

The term 'flexible learning' became widespread in the 1980s in the United Kingdom particularly in the further education sector. Here the focus was on traditional curriculum subjects, for example mathematics and English, and on technical and vocational subjects, for example the Technical and Vocational Education Initiative (Waterhouse 1990). In this context, systems of flexible learning included resource-based learning, supported self-study, open access workshops, open learning - institution based, and even distance learning.

For the learner flexibility embraced a number of dimensions - aims and content, characteristics and stage of development of the learner, the process of learning and method of assessment (FEU 1983; 1984) Specific examples of 'flexible systems' were those which allowed a negotiated curriculum to be devised *'to meet his or her particular learning needs'*, and those which encouraged *'the use of other resources apart from the tutor including text, books, resource centres and libraries, other specialists, peers and so on'* (FEU 1983, p 5). The development of learner autonomy was also stressed. Hodgson (1993) considered that the word 'flexible' tended *'to emphasise the individualised nature of the programme; that is it is designed to offer the maximum possible opportunity to the learner'* (p 53). She cited the National Council for Education Technology definition of flexible learning as a *'means of making it possible for learners to gain access to education and training provision tailored to meet their needs and aspirations'* (p 53).

Kelly and Keely (1992) used a similar rationale for flexible learning in nursing. They saw flexible learning and open learning as sharing the same philosophy *'with freedom of choice and access to educational opportunities as key tenets'* (p 3) but were ready to distinguish the two modes of learning, believing that too much emphasis was *'often placed on open learning as a mode of delivery at the expense of the philosophical principles which underpin good practice'* (p 4). The 'good practice' rationale for the use of the term 'flexible learning' had been echoed by authors such as Waterhouse who saw it in essence as *'good teaching*

*and learning*' (Waterhouse 1990 p 37). Although such definitions leave the nature of 'good-ness' unclear, the emergence of important themes in the nature of flexibility may be seen. They were that increasing flexibility was principally characterised by attempts to widen the options and opportunities available to the learner.

In 1989 an English National Board project entitled 'Development and Promotion of Open Learning' revealed that open learning initiatives, including flexible learning approaches, were being developed by a number of colleges and institutions of nurse education. For example, flexible learning units had been established in Manchester and Humberside. Even well-established providers of CPD in nursing, such as the Open University, began stressing the flexibility of their materials. However, whilst it appeared that the term 'flexible learning' had entered the vocabulary of CPD for nurses, at this time, it was questionable as to whether the conceptualisation of it had been adequately shared. In addition to this it could be argued that the conclusion that flexibility and flexible learning were simply good practice, was inadequate. The value of flexibility to the learner needed to be evaluated. For example, was flexible learning in post-registration nurse education actually widening the options and opportunities available to the learner? Furthermore it was also an accepted fact, during this time, that as the flexibility of the mode of learning increased, so did the requirement for well-developed, supporting structures (McManus and Lyne 1992). If, therefore, education quality was to be maintained as flexibility

increased, it appeared essential that these supporting structures were understood and that the activities which contributed to their effective management were identified and shared. This study focuses on these particular issues.

In 1993, the English National Board for Nursing, Midwifery and Health Visiting invited institutions of nurse education and higher education to submit proposals for a research project, aimed at evaluating flexible learning in nurse education. The author of this study, together with Dr. C. R. James from the University of Bath successfully submitted a joint proposal and were awarded the research project and accompanying grant. The project which was entitled 'The Evaluation of the Effectiveness of Flexible Modes of Learning in Post-registration Nursing, Midwifery and Health Visiting Education and Practice', took place over an eighteen month period from May 1994 to October 1995. During this time the author worked as the sole research officer on this project, reporting to Dr. James as Project Director. This study is based, in part, on the work undertaken for this ENB commissioned research project.

### **The Research Questions**

The research questions for this study were as follows:

- How is the term flexible learning being interpreted in nurse education?
- How is flexible learning being managed in nurse education?

- What is the impact of flexible learning on the learner's learning experiences?

These questions were particularly timely for a number of reasons. Firstly, it appeared that nurse education was posed on the edge of an explosion in the use of flexible learning in continuing professional development. At the time of the study, the incorporation of Colleges of Nursing into universities appeared inevitable. Given this scenario, it seemed likely that nurse education would be subject to the same pressures and problems faced by institutions of higher education. Future providers of nurse education might, therefore, find themselves needing to increase the number of students on continuing education programmes, in an attempt to augment revenue. Faced with such a prospect, increased use of flexible approaches could prove a popular option.

Secondly, this study might fill a research gap in the practice of nurse education. In 1989 the ENB commissioned a series of five publications which addressed different aspects of open and flexible learning. Whilst these publications may have contributed to a greater understanding of the philosophy and practice of open and flexible learning, there had not been any empirical research to support or reject the claims made for such approaches.

Thirdly, if continuing professional education programmes for nurses and other professional groups were to be effective, providers needed to both understand

and meet the needs of their respective students. This necessitated having sound reasoning for the educational approaches used, based on empirical evidence.

### **The Research Paradigm**

The phenomenon of flexible learning in nurse education appeared to be both multi-faceted and multi-dimensional. If the research questions were to be answered, the approach taken to the research had to enable the researcher to come to understand the phenomenon being studied through the experiences of both students and nurse teachers. In an attempt to do this a qualitative approach to the study was taken.

Qualitative research has been used as an umbrella term to describe several research strategies which share certain characteristics. However the pluralist nature of qualitative research should not be seen to detract from the value of such an approach.

*'Qualitative research is an empirical, socially located phenomenon, defined by its own history, not simply a residual grab-bag comprising all things that are "not quantitative."'* (Kirk and Miller 1986 p 10).

Qualitative research questions are not framed by operationalising variables but are formulated in a manner which allows for investigation of both the

complexity of the topic and the context in which the phenomenon occurs.

Therefore data is rich in description of people, conversations and places. All research studies are guided by theoretical orientation and it is this that *'helps data cohere and enables research to go beyond an aimless, unsystematic piling up of accounts'* (Bogden and Biklen 1992 p 33). This study sought to discover the interpretation of the term, and the impact of, flexible learning in nurse education from perspectives grounded within professional practice. The researcher's approach was based on the assumption that experience is a valid source of knowledge and that people's everyday experiences contain rich insights into phenomena. The aim of the researcher in this study was to understand the nature of the phenomenon and to illuminate the phenomenon's essential structural qualities, as opposed to attempting to influence or control it in any way. Whilst, in general, the researcher was aware of the changing nature of post-registration nurse education, and the introduction of more flexible approaches, she had no personal experience of the phenomenon. This situation contributed greatly to the researcher's sense of *'unknowing'* (Munhall 1994 p 63). Whilst at the commencement of the study, the researcher was familiar with the literature surrounding flexible learning in nurse education, such an approach was not a central process of the researcher's own organising principles of the world of nurse education (Atwood and Stolorow 1984). As a result the researcher was able to approach the subject in a *'condition of openness'* (Munhall 1994 p 63) in which the knowledge and experience of the participants in the study became paramount to the researcher's understanding of the



phenomenon. The researcher was, however, concerned that any preconditioned ideas held by her as a result of her reading should not influence data analysis and the research process in general. In an attempt to deal with this situation the researcher wrote a reflective account (see Appendix 2) of her own knowledge and understanding of flexible learning in nurse education, prior to commencing the research study.

In an attempt to remain in close contact with the lifeworld of flexible learning in post-registration nurse education, the researcher recognised the need to develop good channels of communication with those individuals working and studying within the framework. A number of strategies were developed in order to accomplish this. Firstly, an informal network of colleagues working in post-registration nurse education throughout England and currently using or developing flexible learning techniques, was established. This network increased in number as the research progressed. The majority of these individuals not only had a professional interest in flexible learning in nurse education but, in addition to this, were eager to participate in the research process as a means of developing their own skills and knowledge of the phenomenon. This informal network proved invaluable during the research process, providing the researcher with a forum in which she was able to corroborate her understanding of the data, and the lifeworld of flexible learning in nurse education, during various stages of the research process. In addition to

this, a number of individuals from this network group were asked to comment on the questionnaires used in the study and participated in the piloting of these.

Secondly, a formal group of 'experts' in flexible learning in nurse education were asked to participate in the research process. These individuals, mostly education managers, were identified by Education Officers from the English National Board for Nursing, Midwifery and Health Visiting and were selected on the basis that they were actively involved with flexible learning initiatives on a national or local basis. The primary activity of this group was to develop performance indicators in the management of flexible learning. However this group also proved invaluable in ensuring that the research activities were consistent with the 'world' of flexible nurse education. Both of these groups provided the researcher with individuals with whom the researcher could, as the research progressed, 'check-out' the research findings against the life-world of those working in flexible learning in nurse education.

The research design for this study was one in which the researcher was constantly 'checking-out' the meaning of data throughout the whole of the study. The first questionnaire asked three open questions. Data from this questionnaire was analysed and categories of flexible learning developed. These categories then formed the basis of a subsequent questionnaire. Respondents to this questionnaire confirmed or refuted these categories as well as providing further information about the phenomenon. Analysis of data from this

questionnaire provided a basis for the development of performance indicators in the management of flexible learning in nurse education. The expert group were asked to review the findings of the questionnaires and to 'check-out' these findings against their own understanding and experience of flexible learning in nurse education. This group was then asked to develop performance indicators based on their own experience and expertise in the management of flexible learning and the information received through the questionnaires. These various 'stages' of the research enabled a picture of flexible learning in nurse education to be constructed and facilitated the development of the meaning of the phenomenon for the researcher.

Case studies were undertaken and an interview schedule was constructed for the interviews, with questions based on the performance indicators. These questions however, were used as prompts by the researcher to ascertain further information from the interviewees. Those being interviewed were asked by the researcher to *'tell me about .....*', *'give me an examples of....'* *'explain what that was like for you'* enabling the interviewee to tell their story of the experience. The interviews were conducted in an environment which fostered privacy and confidentiality. Creating a rapport with the interviewees did not prove difficult. Interviewees appeared to speak very easily about their experience and knowledge of flexible learning. At the beginning of each interview the researcher gave a 'potted' history of her background and explained that she had little knowledge and experience of flexible learning herself. The aim of this was

twofold. Firstly, the researcher felt it was important that interviewees knew she herself was a nurse. It was hoped that this would enable the interviewee to recognise that researcher and interviewee shared knowledge and experience of the 'life-world' of nursing. In a practical sense this also meant that the interviewee did not have to give lengthy explanation when referring to issues concerning nursing or nurse education. Secondly, the intention was to inform the interviewee that the researcher considered each of them to be 'experts' in relation to this phenomenon and that their knowledge and experience would be crucial to the researcher in coming to understand the phenomenon. This introductory part of the interview was an important trigger in the mind of the researcher that she needed to listen carefully to what the interviewee said and to accept that the 'story' that they told, represented the life-world of flexible learning for them. During each interview the researcher attempted to detach herself from her own organising principles of the world and to move towards another's view of the world. In doing so the researcher gained an insight into the context and the essence of the meaning of flexible learning for the interviewee.

Data analysis of the first questionnaire and interview transcripts was undertaken using open coding (Berg 1989). The data from the interviews, in general, were organised under themes which corresponded to the dimensions of flexible learning. As the themes together with meanings emerged from the data, the researcher asked the question 'what stands out about the phenomenon?'

Interview data, in the format of the interviewee's own words, relating to each of the themes was put together. The meanings of each of the themes was then summarised using the interviewee's own words. In this way the researcher attempted to stay as close to the person's words whilst articulating the situation, events and meanings that the phenomenon had in the person's life.

### **Research Design and Methods of Data Collection**

The same considerations which influence the choice of problem for a research study often also influence the researcher in the choice of methods of data collection (Bailey 1994). From preliminary discussions with professional colleagues, prior to commencing this research, it became clear that there was a diverse range of approaches being taken to flexible learning within nurse education. If the total extent and nature of the phenomenon was to be revealed, therefore, it was important to access as many educational institutions as possible. In an attempt to do this, three questionnaire-based surveys, (Cohen and Manion, 1992) two to all providers of post- registration nurse education in England, one to teachers who taught on courses deemed to be flexible by providers, together with in-depth case studies (Yin 1994) of selected courses, again deemed to be flexible by providers, were used to build a picture of the way flexible learning in post-registration nurse education could be characterised.

## **Questionnaire Based Surveys**

### ***Survey 1***

The purpose of the first of the three questionnaire based surveys, was to discover how providers of post-registration nurse education used and interpreted the term 'flexible learning.' The intention was to find out :

- which courses were to be offered in the next twelve months in English National Board approved institutions for continuing professional development for nurses, midwives and health visitors;
- which were considered by the institution to use a flexible mode of learning;  
and
- why the providers considered the courses they identified were flexible in the mode of learning used.

From the outset of this research it was obvious that the potential volume of continuing profession development was considerable. There were also significant variations in both the nature and time spent on the activity. For example, a one hour session in which a company representative spoke to a group of nurses about a product was considered to be continuing professional development as was a number of hours spent studying for a higher degree. Whilst ideally the scope of the research should have covered all facets of

continuing professional development, practically this was not possible. The scope of the first questionnaire, and subsequently the breadth of continuing professional development provision which was covered by the research was determined, in part, through discussions with both nurse educators and practitioners. On the basis of these discussions it was decided that the information sought in Survey 1 should be confined to higher degrees, degrees, diploma courses, ENB courses CATS-rated courses and modules and other courses which had a duration of 60 hours of study. The latter represented the minimum numbers of hours of study a CATS-rated course contained. Whilst there was some discussions about the number of hours of study per CATS point, there was general agreement that this should be considered on the ratio of ten hours of study equalling one CATS credit.

A trial questionnaire was designed and piloted as indicated by the table below:

**Table 3.1 Number of Institutions involved in Piloting the First Questionnaire**

| <b>Institution</b>         | <b>Number of Questionnaires sent out</b> |
|----------------------------|--|
| Colleges of Nursing and HE | n = 4                                    |
| NHS Trust                  | n = 4                                    |
| Hospices                   | n = 4                                    |
| Private Sector             | n = 3                                    |

In addition to this, a copy of the questionnaire was sent for comment to Professor Davenhall who, as a member of the English National Board represented the independent sector of healthcare. From the total comments

received it was necessary to make minor changes in the format and presentation of the questionnaire only. The revised questionnaire (see Appendix 3) was sent to all institutions and establishments in England which offered post-registration nurse, midwifery and health visiting education. These providers were asked to consider the courses they intended to offer in the proceeding 12 months which in their view used a flexible mode of learning and to describe why they considered the courses to be flexible. Where appropriate reminder letters were sent to those institutions and establishments which had not returned completed questionnaires by the cut-off date. The response rate was as follows.

**Table 3.2 Response Rates For First Questionnaire**

| <b>Institution</b> | <b>Number of Questionnaires sent out</b> | <b>Number of Questionnaires returned</b> | <b>Response Rate %</b> |
|--------------------|--|--|------------------------|
| Coll. of Nursing   | n = 61                                   | n = 46                                   | 75                     |
| Coll of H. E.      | n = 19                                   | n = 14                                   | 74                     |
| NHS Trusts Total   | n = 382                                  | n = 90                                   | 24                     |
| *1st Wave          | n = 53                                   | n = 17                                   | 32                     |
| *2nd Wave          | n = 90                                   | n = 28                                   | 31                     |
| *3rd Wave          | n = 122                                  | n = 26                                   | 21                     |
| *4th Wave          | n = 117                                  | n = 19                                   | 11                     |
| Hospices           | n = 25                                   | n = 21                                   | 84                     |
| Private Sector     | n = 05                                   | n = 02                                   | 40                     |

\*1st Wave, 2nd Wave refers to the timing at which the healthcare organisation gained Trust status.

The research spanned a particularly difficult time in nurse education as Colleges of Nursing were amalgamating and incorporating into higher education. These



changes played a major role in the decisions of colleges to participate in the study. In addition, difficulties were encountered in ensuring that the questionnaires reached the appropriate people. This was a particular problem with regards to NHS Trusts as job titles and responsibilities varied considerably. In addition to this, the role of the Trusts in the provision of continuing professional development also varied.

The data from this questionnaire were analysed using open coding (Berg 1989). Coding frames were used to organise the data leading to the identification of core categories of statements referring to flexibility.

## ***Survey 2***

During the phase of preliminary data analysis of the first questionnaire, it became evident that the majority of the questionnaires had been completed by senior nurse educationalists. This situation raised questions concerning the representative nature of the responses. Whilst the information received reflected the institutions' approach to flexible learning, at strategic and policy level, what was not known was whether these views were shared by the teachers:- the individuals who were responsible for the delivery of such programmes of study. An additional questionnaire was, therefore, sent to teachers who taught on programmes deemed to use flexible approaches to learning, seeking their views

of what constituted a flexible learning programme and how the phenomenon was manifested within the programme.

The questions posed in this second questionnaire were devised from those asked in the data collection instrument in Survey 1. The questionnaire was sent to three nurse teachers for piloting and, as they had no comments on either the design or the content, no modifications were deemed necessary. This questionnaire was sent out to Colleges of Nursing which, at that point in the study had already responded to the questionnaire in Survey 1. A letter to the principal/chief executive of the college explained that in this survey, the aim was to seek the perceptions of nurse teachers and asked if they could pass on the accompanying questionnaire to a member of their staff who taught on continuing professional development programmes which used flexible modes of learning. A copy of the questionnaire is reproduced in Appendix 4

**Table 3.3 Response Rates For Second Questionnaire**

| <b>Number of Questionnaires sent out</b> | <b>Number of Questionnaires returned</b> | <b>Response Rate %</b> |
|--|--|------------------------|
| n = 31                                   | n =31                                    | 100                    |

The data from this questionnaire were analysed using open coding (Berg 1989) and coding frames were used to organise the data leading to the identification of core categories of statements which focused on flexibility within the teaching

and learning process. This information together with information from Survey 1 led to the development of the third questionnaire.

### *Survey 3*

The third survey aimed at establishing the nature of flexibility of courses which providers deemed to be flexible. Although the first survey supplied information on the provider's interpretation of flexibility, it was clear from the data that while courses could be flexible in a range of ways, some of these appeared to have been given very little consideration by the providers. In an attempt to gain more detailed information therefore, a third questionnaire was developed using the data collected in Surveys 1 and 2 as well as published descriptions of flexibility (for example, FEU 1983: Kelly and Keely 1992) and in consultation with those providers who in the first survey had shown insight into flexible provision. In developing the questionnaire, the researcher relied heavily upon a network of colleagues in nurse education who were active in commenting on and helping to revise successive versions. During this process the dimensions were not only refined but additional statements under the dimensions, and indeed additional dimensions, were created.

The original scope of this questionnaire had to be curtailed in the light of the preliminary research work. The researcher had intended that the Dimensions of Flexibility Instrument (the title given to the questionnaire) would be used to gain

information about the flexibility of all the programmes/modules offered by an institution. However, it became clear that this was inappropriate and that the Dimensions of Flexibility Instrument would be more appropriately used to gain information on a sample of modules/programmes offered. The changes were made to the 'sampling' for the following reasons.

Firstly, it became clear that the number of modules/programmes, offered by many institutions, which were flexible in some way was much greater than the researcher had understood at the start of the project. Secondly, to gain a useful and valid 'picture' of the nature of flexible learning, the researcher had to extend considerably the early estimates of the number of descriptors of flexibility. This change was made largely on the basis of data gained from Surveys 1 and 2. As a result, the Dimensions of Flexibility Instrument was in fact a much larger document than had originally been envisaged.

The researcher considered that these two points taken together would have serious implications for the response rate for a survey using the Dimensions of Flexibility Instrument. This in turn meant that obtaining anything like a complete picture of the nature and extent of flexible learning would be very difficult. Further to this, the value of the 'complete snapshot' had been eroded somewhat because of reports which had been received through the questionnaire returns from all kinds of providers - Colleges of Nursing and higher education especially - of the state of flux in which they found themselves. The changes

taking place affected not only their internal organisation but also the provision of programmes at post-registration level. So, a complete survey would have given a picture of a rapidly changing scene.

This third questionnaire asked providers to describe one flexible course which their institution provided in terms of whether it was credit-rated or was a module or part of a modular programme under the following headings.

Provision and access - whether the module/programme:

- could be chosen with the minimum of restrictions on choice
- required a minimum number of participants in order to run
- was offered outside normal working hours
- had a range of starting dates throughout the year
- could be accessed by participants with a range of qualifications
- allowed variation in the requirement of participants to attend
- allowed variation in the finishing date

Teaching and learning - whether the module/programme:

- allowed variation in the content
- used a range of modes of teaching and learning activities
- used a range of resources for teaching and learning including practice

gave learners ready access to tutorial support

allowed variation in the pace of progression through the module

Assessment - whether the module/programme:

allowed variation in the pattern of the assessment of theory

allowed variation in the method of assessment of theory

allowed variation in the pattern of assessment of practice

The various descriptors under which providers responded were termed 'dimensions'. Following development, the Dimensions of Flexibility Instrument was piloted as indicated below.

**Table 3.4 Number of Institutions Involved in Piloting Dimensions of Flexibility Instrument**

| Institution                | Number of Questionnaires sent out |
|----------------------------|-----------------------------------|
| Colleges of Nursing and HE | n = 5                             |
| NHS Trust                  | n = 5                             |
| Hospices                   | n = 2                             |

Minor adjustments were deemed necessary as a result of the comments received.

The Dimensions of Flexibility Instrument was sent out to all providers of continuing professional development who had indicated in the first survey that they were willing to participate in the study. A copy of the questionnaire is reproduced in Appendix 5.

**Table 3.5 Response Rates For Dimension of Flexibility Instrument**

| <b>Institution</b> | <b>Number of Questionnaires sent out</b> | <b>Number of Questionnaires returned</b> | <b>Response Rate %</b> |
|--------------------|--|--|------------------------|
| Coll. of Nursing   | n = 57                                   | n = 45                                   | 79                     |
| Coll of H. E.      | n = 19                                   | n = 10                                   | 53                     |
| NHS Trusts Total   | n = 378                                  | n = 55                                   | 14                     |
| *1st Wave          | n = 53                                   | n = 11                                   | 21                     |
| *2nd Wave          | n = 89                                   | n = 16                                   | 18                     |
| *3rd Wave          | n = 121                                  | n = 15                                   | 12                     |
| *4th Wave          | n = 115                                  | n = 13                                   | 11                     |
| Hospices           | n = 18                                   | n = 13                                   | 72                     |
| Private Sector     | n = 05                                   | n = 02                                   | 40                     |

Data analysis used the descriptor statements of the dimensions. Each cited descriptor statement was recorded and the total number presented as a percentage of the number of respondents in each set of the provider groups. It was considered inappropriate to undertake further analysis. The data were not sufficiently robust to warrant such an undertaking but more importantly a correlation analysis would not contribute meaningfully to the achievement of the aims of the study.

Performance indicators for the management of flexible learning were developed for two purposes. The first was to provide a framework for the collection of data during the case studies of flexible learning. The second purpose was to provide, as one of the outcomes of the study, a set of indicators which would enable practitioners to evaluate their own management of flexible learning in post-

registration nurse education. The following section reviews the notion of performance indicators (PIs) and their appropriateness in exploring the effectiveness of the management of flexible learning in post-registration nurse education. In addition to this the view taken by the researcher on the interpretation of PIs is outlined, and the development of PIs for the management of flexible learning for the collection of case study data, described.

There are numerous definitions of performance indicators in the literature, none of these however have referred explicitly to the management of flexible learning per se. Nevertheless, it may be argued that there are lessons to be learned from experience of the use of performance indicators in other settings. Performance indicators have been widely used in the management of public services and education, most notably in higher education (Committee of Vice-Chancellors and Principals 1985; McVicar 1990; Polytechnics and Colleges Funding Council 1990; Cave et al 1991) but also in other educational settings (see for example Hopkins and Leask 1988; Adams 1991; Hopkins 1992).

### **The Application of Performance Indicators to Nurse Education**

The use of performance indicators in nurse education, at this time, had been mainly concerned with qualitative measures of performance. These had primarily focused upon staff performance, teaching methods and learning environments (Kershaw and Evans 1986; Royal College of Nursing 1988;



Rogues 1988). The literature suggested consensus amongst writers as to the usefulness of performance indicators in all of these three areas. In the sector of staff performance, for example, staff-related performance indicators had been closely associated with staff appraisal procedures, as these measures were seen to provide information for managers to help staff maximise their potential.

Performance indicators relating to teaching methods had also been given a high priority in nurse education, although, in contrast with general education, there had been a lack of student contributions in the evaluation of teaching effectiveness. Whilst conscious of the arguments put across by those in higher and further education (see for example Miller 1980; Mathias and Rutherford 1982; Elton 1984; Murray 1984) for a more positive approach towards student reviews of teaching effectiveness, in general it would appear nurse teachers had doubted the value of student contributions.

### **The Application of Performance Indicators to General Education**

In the context of higher education the use of performance indicators had accentuated quantitative measures of performance (CVCP\UGC 1986; PCFC 1990) and had tended to focus on measures of systems input and output with a view to measuring economy, efficiency or effectiveness (Cave et al 1991). The use of performance indicators in this way had primarily had an accountability purpose as opposed to an improvement and development purpose. It may be argued however, that an over-reliance on quantitative data, runs the risk of over-

emphasising the importance of the measurable. It can also encourage reductionism, reducing the complex to the simple for the purpose of analysis, a process which results in the loss of the essential quality of the whole. Yorke (CNNA 1991) argued against a reductionist approach to performance measurement but acknowledged that different stakeholders required different indications of performance. This meant that the government and funding bodies might require statistics on student throughput and unit costs, although this kind of data may not in itself be useful in improving course quality. An emphasis on inputs and outputs omitted consideration of the value of processes which might be difficult to measure in terms of outputs. The use of a definition of performance indicators as benchmarks or absolute measures therefore presented particular difficulties. Performance indicators used in this way have been seen to be often open to ambiguity of interpretation and could be subject to manipulation (Cave et al 1991; CNAA 1991).

Hopkins and Leask (1988) define a performance indicator as:

*'a statement against which achievement in an area or activity can be assessed'*

(p 3).

Such a definition sees a PI as describing an area of performance to be assessed and leaves consideration of the kind of information to be collected to those who are doing the collecting, or who have a stake in the data collection. It conveys a

sense of a performance indicator as defining an aspect of performance about which information should be collected and communicated (Allsop and Finlay 1989) if performance is to be 'measured' in the widest sense of the term.

Yorke (CNA 1991) argued for the selective, soft and economical use of performance indicators because of the '*context dependence of performance data*' (p 32). He paralleled this with 'fuzziness' in process control, where the process controller acted on the basis of acceptability of a number of indicators - fuzzy indications. A range of performance indicators has been seen to allow course quality to be viewed from a number of perspectives and therefore data collected under any particular performance indicators can be of a range of different kinds and originate from a number of different sources and stakeholders. An important outcome of this approach has been viewed as the collection of authentic data (Denzin and Lincoln 1994).

Hopkins (1992) considered that performance indicators in educational evaluation had an educational improvement purpose. Used in this developmental way, performance indicators could be seen as indicative, giving guidance and offering signposts rather than being definitive objective measures, setting externally defined standards and providing absolute benchmarks. Performance indicators of this kind would be value statements and therefore rooted in the value judgements of their designers and should be interpreted in the light of the context in which performance was being considered. Since they

were statements or indicators of educational improvement, they themselves were open to revision (Sims and Stoney 1990).

The model adopted, in this study, used the dimensions of flexibility with the addition of 'evaluation' to define those aspects of practice which the managers of flexible learning must manage effectively. It was thought likely that effective management within those aspects would be made up of a number of different elements. Access to the quality of performance in those elements was achieved by asking questions about them. The use of questions allowed the element of practice to be defined but did not set a standard.

### **The Development of Performance Indicators in Practice**

In practice, the process of the development of the performance indicators was as follows. Using a questionnaire-based survey, the members of the group of experts in nurse education plus representatives from the case study centres (from now on referred to as the focus group) were asked to specify performance indicators in the management of flexible learning in post-registration nurse, midwifery and health visiting education. They were asked to generate performance indicators which:

- were within the framework of the aspects of the management of flexible learning;

- reflected inputs, processes and outcomes;
- covered performance at all levels from those concerned with institutional policy matters through those that related to the management of whole modules, courses and programmes, to those which were about the management of the teaching and learning process.

The questionnaire data were aggregated and edited. The performance indicators which resulted from this process were analysed and categorised according to the following management levels:

- management at the level of the institution
- module/course management
- the management of teaching and learning

The edited performance indicators were considered at a meeting of the focus group and using a modified Delphi technique (Harris and Bell 1986) a consensus was reached. Initially the group, working in three sub-groups, were asked to consider and validate the appropriateness of the model being used to develop the performance indicators. This process was prompted by questions set by the researcher and the group. Following this, each sub-group was allocated a set of performance indicators which related to the access, teaching and learning, and assessment, practice and evaluation aspects of the management of flexible learning. Taking one element of each aspect at a time, such as 'location of

module/programme' or 'content of module/programme', they were asked to check that the performance indicators covered all the areas of effective management and to add performance indicators as appropriate. They were then asked to edit the performance indicators for every aspect in the set they had been allocated. The edited performance indicators were then exchanged between the groups for critical review. In a plenary session, the outcomes of this review were shared between the groups and, through discussion, a consensus was reached. Following the meeting of the focus group, the performance indicators were again edited largely to ensure consistency and commonality of expression. What was now viewed as a draft working version of the performance indicators was returned to the members of the focus group for comment. A small number of minor amendments were received and incorporated as appropriate to form the working version of the performance indicators (see Appendix 6).

### **Issues Worthy of Note in the Development of the Performance Indicators**

The task of generating the performance indicators proved very challenging. In part this was a consequence of the large number of aspects of flexibility which had to be managed effectively if the overall management of flexible learning was to be effective. It was also a consequence of the lack of a shared understanding of the full breadth and scope of flexible learning. This was implicit in the rationale and purpose of the research study. The complexity of the task of the development of the performance indicators necessitated a

modification of the focus group/Delphi technique method. The method adopted allowed for the development and agreement of a large number of factors and may have application elsewhere.

The method adopted to generate the performance indicators in the effective management of flexible learning was essentially collaborative, involving collaboration between the professional educators in the focus group and the researcher. Where the researcher worked separately from the focus group care was taken to remain within the spirit of the group's judgements and to ensure that developments were fed back to the group for their comments. This approach was consistent with the researcher's view that flexible learning was being researched with the help of professionals and enhanced the authenticity of the indicators.

The performance indicators were developed into the form of questions. This reflected the essentially dialogical and dialectical form in which professional knowledge may be held (Winter 1989) and contrasted with presentation in a prepositional form. The questions specified areas for consideration if practitioners wished to manage flexible learning effectively, and encouraged practitioners to focus their reflections on their practice (Schon 1983) and come to judgements about, and account for, the appropriateness of their management practice. As such the performance indicators represented a framework of theories about flexible learning within which practitioners could explicate their

own flexible learning management theories. The theories about the management of flexible learning were grounded in the experience of professional practitioners (Glaser and Strauss 1967; Hutchinson 1988). These performance indicators in the form of questions were consistent with the developmental purpose of the indicators (Hopkins 1992) and allowed account to be made of the very wide range of contexts in which flexible learning took place and had to be managed effectively.

### **The Use of Performance Indicators in the Case Study Data Collection**

The working version of the performance indicators was reviewed in order to identify from whom information should be collected at the case studies sites and the indicators themselves were revised into questions which were designed to explore the nature of the management of flexible learning. The interview schedules are reproduced in Appendix 7.

### **Case Studies of Flexible Learning**

Defining the case study as a research strategy may be seen to be problematic, although definitions offered by the literature have included some recommendations. Adelman, Jenkins and Kemmis (1993) viewed a case study as '*an instance drawn from a class*' (p 3). They saw the case study as a bounded system. The most straightforward examples of bounded systems have been seen



*as 'those in which boundaries have a common sense obviousness, e.g., an individual teacher, a single school, or perhaps an innovatory programme'*

(Adelman, Jenkins and Kemmis 1993 p 3). Cronbach (1975) differentiated the case study from other contexts by calling it '*interpretation in context*' (p123).

This view appears to have been shared by Yin (1994) who defined a case study as:

*'an empirical method that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. It copes with the technically distinctive situation in which there will be many more variables of interest than data points, and one result, relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result, benefits from the prior development of theoretical propositions to guide data collection analysis'* (Yin 1994 p13).

The case study method used in this study conformed to this definition. Case studies from this research fall into the category of descriptive (Yin 1994). A descriptive case study presented a description of a phenomenon within its context. Although a study which focuses on describing 'what is' might be open to criticism for that very reason, Sen (1980) indicated that in making descriptions the researcher had to make choices and that these choices were guided by the research paradigm, access and pre-understanding. Therefore there can be no description without analysis and interpretation.

Four modules/programmes which were considered by providers to be flexible were the subject of an in-depth case study. The case studies were carried out in institutions geographically spread across England. Three of the providers were within the NHS and one provider operated in the private sector. The case studies covered a variety of levels of courses and nursing branches. Data were collected by means of interviews with managers and teachers of the modules/programmes, managers of nurses participating in the modules/programmes and the participants themselves. The interview schedules were based upon the identified performance indicators in the effective management of flexible learning. The interviews explored the management of flexible learning and the impact upon the student's learning experiences. Yin (1994) suggested that there were key elements in the case study research design. The following is a brief consideration of a number of these key elements with respect to the study.

### ***The study's questions***

The case study questions were framed by the performance indicators developed during the study. They focused on How? issues principally but they also focused on Why? issues, in order to gain some understanding of the purpose of effective management of flexible learning and also to explore the nature and explanation of the impact on practitioners and teachers.

### ***The study's propositions***

Each of a case study's propositions '*directs attention to something that should be examined within the scope of the study*' (Yin 1994 p 21). The interview questions were framed in this study by the performance indicators.

### ***Units of analysis***

The case study phase of this research involved the multiple case study of single cases of a revelatory (as opposed to critical or extreme/unique) kind. The unit of analysis was a single course/module in a programme of continuing professional development in post-registration nurse education in an English National Board approved institution. Each case study involved sub-units of analysis (the grouping of dimensions of flexibility) which were embedded (Yin 1994) in the single case. Single cases were selected on the basis of sampling (according to the branch of nursing and regional location) and appropriate clusters of dimensions of flexibility. The intention of the researcher in using multiple cases was to give both a literal replication (Yin 1994) which predicts similar results, and theoretical replication which produces contrasting results for predictable reasons. It was anticipated therefore that cases would reveal common responses to the management of flexible learning and its impact but would also reveal contrasting responses and impact.

## **The Iterative Process of the Research**

In any research, especially research of the kind with which this study was concerned, the 'world' that is being researched is never exactly as envisaged when the research plan is made. During this study the particularly dynamic nature of the area of investigation both exaggerated and highlighted this problem. Although it had been anticipated that the central area of study, the provision of continuing professional development at post-registration level, would be undergoing radical change during the research, some of the implications of this turbulence proved to be more substantial than had been envisaged. The institutions, the colleges in particular, where data collection took place, were in some instances during the time of this study, undergoing dramatic and substantial change as a result of amalgamations or incorporation into higher education. In addition to this, the Trust hospitals were beginning to take on a more prominent role in providing courses, although there was considerable variation in the extent of their provision and the pace at which their role as providers was growing. These structural changes and the resultant stress they induced had implications for decisions about data collection.

In addition to this, continuing professional development for nurses at post-registration level was also in an era of increasing flexibility. Many providers were making changes to their courses in order to increase flexibility and flexible learning was, during the time of the study, in vogue. At the time of data

collection, flexible learning was the subject of professional development activities, through for example, study days and seminars. It would seem likely, therefore, that these activities were probably accelerating changes in the flexibility of course provision. As a result, understandings of the nature of flexibility and the use of flexible modes of learning were changing rapidly, which also had implications for decisions about data collection. As with any research, the research activities had to change in response to the findings of the research. To an extent the research became an iterative process where the outcomes defined subsequent actions (Rubin and Rubin 1995). Responses to these issues were of two kinds. One set of responses were strategic and were concerned with ensuring that the research study was 'doing the right things'. For example, was the overall research strategy appropriate for the 'world' that was being revealed by the research findings? In this instance, continual review and consultation with professional colleagues on the research strategy was important. In addition to this, another set of responses were operational and concerned with 'doing things right'. This required a continual checking and re-checking of the rationale for the research activities, sharing plans and intentions with colleagues and ensuring that on a frequent basis the research activities were checked against the research plan.

These strategic and operational responses were consistent with the researcher's view of the researcher's role in professional education. The focus of the study was to investigate what was and what might have been. So in this case, the role

of the researcher was not one of auditing flexible learning but one of illuminating flexible learning. The researcher considered that this approach, which may be summarised as 'researching with, rather than researching on,' promoted wider ownership of, and involvement in, the research activities.

### **The Quality of the Research Study**

Over the years, there has been general disagreement amongst researchers as to the tools of measurement which should be used to assess the quality of a qualitative research study. Kirk and Miller (1986), emphasising the social scientific nature of qualitative research, stressed the need for objectivity and the use of measurements of validity and reliability. In adopting such an approach, they were criticised for using the criteria of qualitative research '*merely fitted to a naturalistic research context*' (Denzin and Lincoln 1994 p 480).

Constructivists, however, have viewed the paradigms of quantitative and qualitative research as totally separate, and therefore requiring a unique set of criteria for assessment of quality. They viewed objectivity in qualitative research in terms of trustworthiness and authenticity. In assessing the quality of this research study both sets of criteria were used.

## Validity

The term 'validity' refers to the extent to which a test, questionnaire or other instrument is really measuring what the researcher intends to measure. In a perfect world a *'measuring instrument is so closely linked to the phenomena under observation that it is "obviously " providing valid data'* (Kirk and Miller 1986 p 22). The development of the instruments used in this study involved the participation of practitioners and educationalists concerned with the 'world of flexible nurse education.' In addition to this, emerging concepts and theories embedded within the practices of flexible learning were used in the development of successive research instruments. For example, the questions used in the interview schedules were based on the performance indicators, the development of which had been based on the dimensions of flexible learning which, in turn, emerged from the data analysis of the first questionnaire. This process also ensured the content validity of each instrument as the field which the instruments measured, was consistent with the contributions made by those concerned with 'the world of flexible nurse education' and, in addition to this, in the case of the third questionnaire, dimensions of flexible learning which already existed in the public domain.

As with all qualitative research methods, the researcher's overarching concern when using a case study method should be the collection of authentic data (Denzin and Lincoln 1994). Yin (1994) concurring with Kirk and Miller's

(1986) view of objectivity in qualitative research, indicated that as one form of empirical research, the quality of a case study should be judged against clear criteria. These are as follows:

- Construct validity - the establishment of correct operational procedures for the concepts being studied.
- Internal validity - ensuring that descriptions of phenomena which are generated are sound and well-based and fulfil the necessary conditions.
- External validity - establishing the domain to which a study's findings can be generalised. The issue here is not a concern with statistical generalisation (the generalisation from samples to larger universes) but to analytical generalisation of a particular set of result to broader theory.

During the case study phase of this research, construct validity was increased by the use of multiple sources of evidence and the adoption of a procedure which enabled interviewees to review the draft case study reports. In addition to these features of the research study, the researcher attempted to establish 'a chain of evidence' (Yin 1994 p 35) which would enable the reader of the case study report to trace the conclusions back to the initial research questions. It may be seen that the collection of data based on the performance indicators in the effective management of flexible learning and the dimensions of flexible learning assisted the reader in this task.



Yin (1994) cited 'pattern-matching', whereby several pieces of information from the same case could be related to some theoretical proposition, as a means of assisting with the problem of internal validity. Within each performance indicator developed by the research study, a significant range of questions was cultivated which allowed both the exploration of the management of flexible learning and its impact. During the case studies, data relating to these questions were collected from a number of different sources which allowed both pattern matching and data triangulation (Cohen and Manion 1989).

One of the major criticisms of the case study method has focused on external validity and the problems of generalisation. Yin (1994) however indicated that most critics have been misguided, as they '*implicitly contrast the case study method to survey research, in which a "sample" readily generalises to a larger universe*' (p 36). Case studies, Yin (1994) argued, relied on analytical generalisation in which the researcher was '*striving to generalise a particular set of results to some broader theory*' (Yin 1994 p 36). In this study the researcher has attempted to generalise the findings from the case studies to broader theories about flexible learning in nurse education which have evolved through the study and which are identified by the dimensions in flexible learning and the performance indicators of effective management of flexible learning.

## **Ensuring the trustworthiness of data collection and analysis**

There are a number of measures which the researcher can take in an attempt to ensure the trustworthiness of data collection and analysis. Firstly, securing reliable interpretations of interview data, secondly, using the technique of respondent validation and thirdly, the inclusion of triangulation in the research design. For the researcher, the challenge of interpretation of interview data should not be underestimated (Silverman 1993). Reliable interpretations of interview data have been seen to result from good relationships with respondents as well as being dependent upon how well the researcher knows the subjects and the events under description (Miller and Glassner 1997). At the commencement of each interview, the researcher gave a brief description of her career history and experience in the field of nurse education, in an attempt to foster a good relationship with the interviewee. Interestingly, the students interviewed did not appear intimidated by the position the researcher held in the field of nurse education but welcomed the fact that the researcher was a nurse. As the interview took place between two individuals from the same professional group, it can be argued that in this study both researcher and respondent shared a common language as well as an assumption of a shared understanding of the social construct of the world of nursing and nurse education.

Another approach to dealing with the problem of interpretation of data has been the use of respondent validation. This is a process whereby participants'

comments and reactions to results of the study have been used in a way of refinement and elaboration. However, the techniques used for respondent validation have been modified by individual researchers over the years (see for example Bloor 1978; Buchanan et al 1988). In this study, interview transcripts were returned, by post, to the respective participants within a month of the date of interview. An accompanying letter encouraged participants' comments on the transcripts and they were asked, where appropriate, to indicate any changes which they wished to be made to the text. A month later, a draft copy of the analysis of the case study data, in the form of a draft case study report, was sent to each of the participants. Participants were asked if the case study report constructed a picture of the module/programme which agreed with their view, and in the case of students, which accurately described their experiences. They were again encouraged to make comments and changes should they feel it necessary to do so.

The use of respondent validation is not without its problems. Bryman (1988) drew attention to possible censorship and defensive reactions which could be encountered during the use of the technique. In this study no such reactions were demonstrated by the participants. In all but four responses the reactions were one of agreement with both the interview transcript and the draft case study report. This, however, in turn raised two areas of concern for the researcher. Firstly, it was possible that participants had not read the material sent to them sufficiently well to identify any inaccuracies in the text; a situation which could

arise due to a strong lack of interest (Bloor 1983). As communication between researcher and participant was by post there was no means of establishing if this was the case. As a result the researcher contacted participants on a random basis and arranged to meet and discuss both the respondents' own interview transcript and the relevant draft case study report. Both educationalists and students appeared to welcome the opportunity of participating in the research process in this way and their comments supported the interpretations made by the researcher. The second area of concern for the researcher had been the possible perceived difference in the hierarchical position of the researcher to, in particular, the student participants. However, this was not evident from the meetings with representatives of student interviewees to discuss the interview transcripts and case study reports. Concern regarding possible student intimidation was eliminated when two students indicated that they wished slight changes to be made to the text of their interviews.

A feature of the research study was the use of triangulation, different methods or sources of data to examine the same problem. Both questionnaires and case study methods involved different kinds of validity threats. Using two different methods suggested the strengths of one, remedying the weaknesses of another, for example a trade-off of reliability against validity. Whilst it may be necessary to add a word of caution here, as different methods used relied upon different assumptions, in general triangulation has been seen to be a useful tool in increasing the validity of a qualitative research study because it enables the

researcher to check the validity, throughout the research process. In addition to this, triangulation has been viewed as a means of ensuring trustworthiness of data collection and analysis as it enables the researcher to check the truth of explanations provided through comparison and correlation of sources of information.

### **Ethical considerations**

Ethics in research refers to '*the principles of right and wrong that a particular group accepts*' (Bogden and Bilken 1992 p 49). The term 'group' here represents an academic speciality or profession for which it has become common practice to formulate a particular code of ethics for research purposes. Despite differences amongst these groups, codes of ethics concerning research with human subjects share two common tenets. Firstly, that individuals should give informed consent and secondly, that individuals participating in the research study should be protected from harm.

In an attempt to comply with these specific requirements of a code of ethics, researchers have often been seen to adopt a '*bureaucratic response*' (Bogden and Bilken p 53). This has largely comprised of a typewritten form which contains information about the research, together with a request for a signature as an indication of consent to participate in the study. Further attempts have been made to protect individuals who participate in research studies with the

formation of ethics committees i.e. a group of individuals charged with responsibility for reviewing research proposals against guidelines on ethics in research. For those researchers using a quantitative approach such procedures and practices might be seen as a means of ensuring that ethical problems of this nature are eliminated. For the qualitative researchers, however, issues of informed consent and protection of the subjects within a research study may create particular problems. This is because the nature of qualitative research means that the researcher is unable to explain, in any great detail, the explicit content or possible danger of the study.

### **Informed Consent**

A number of qualitative researchers (see for example Cassell and Wax 1980; Throne 1980) have suggested the development of a code of ethics specifically for qualitative research. However, all have remained in agreement with the principle of informed consent. Bogden and Bilken (1992) indicated that, in qualitative research, the relationship that the researcher has with the subject is one mirroring friendship, rather than one of an explicit contract. A feature of this 'friendship' was seem to be continual negotiation, concerning, firstly, the nature of the friendship and secondly, the participation of the subject in the study. In an attempt to deal with the ethical issue of informed consent in this study, the researcher adopted the principles of such an approach. Formal agreement was sought from four institutions of nurse education to continue to

participate in the research as case study centres. In addition to this, each institution was asked to identify a link individual who would act as a representative for the college or institution and who would also be prepared to participate in some aspects of the research process. The majority of those identified as link individuals were senior education managers, who had managerial responsibilities for continuing professional development courses within their institutions.

The link individuals played a prominent role in the development of the performance indicators in the effective management of flexible learning. During this exercise they also developed an understanding of the research design and the nature of the data already collected. This information they took back to their institutions and were therefore able to discuss the research process with both the students and teachers who had been asked to participate in the study. The link person was also responsible for ensuring that every individual asked to participate in the study received written information which included the researcher's telephone number, if further information was required. The initial meeting of researcher and participant allowed for further discussion about the nature of the research. During this meeting the right of the participant to withdraw from the research study at any time was also re-enforced. Contact with participating individuals was maintained throughout the whole of the case study stage of the research. Participants were sent copies of their own interview transcripts as well as a copy of the case study report. This approach facilitated

the development of a collaborative relationship with participants in which they not only contributed to the research process but had the opportunity to develop an understanding of the nature of the research as it emerged.

## **Preventing Harm**

Considerations given to safeguarding research subjects and protecting them from harm, have focused on protecting both privacy and identity. Punch (1994) for example, considered that assurance of confidentiality was a protection against invasion of privacy. The issue of confidentiality in this study was problematic as the link individuals were aware of the identity of both the students and the teachers who were to be interviewed. Prospective interviewees were made aware of this fact. However, only one student and one hospital manager expressed any concerns. Interestingly both individuals worked in the private sector and both were anxious that their respective line managers should not have access to their interview data. The researcher was, however, able to assure both individuals that confidentiality regarding their interview transcripts would be observed. As a result the two individuals agreed to participate in the study.

Individuals who have willingly participated in a research study, however, '*may feel hurt or embarrassed when the findings appear in print*' (Punch 1994 p 93).

In an attempt to prevent this situation occurring the researcher offered to discuss the findings with those individuals involved in the case studies, at each of the



four centres. Two out of the four centres accepted and this presented the researcher with a forum which enabled any concerns raised to be placed firmly in the context of the research study. It may be argued, however, that in any study of this nature it is difficult for the researcher to know the true extent of harm that any research findings may create. Participants did not express any concerns however and the atmosphere in all four case studies centres was one of co-operation, together with a true desire to learn more about flexible learning through the findings of the research study.

## **Chapter 4**

### **Introduction**

This chapter which reports the findings of the research, is divided into two sections. The first section discusses the results from the questionnaire-based surveys. This information is presented in the sequence in which the questionnaires were designed and distributed. In addition to this, the findings have been tabulated. Section two reports the data from the case studies.

### **Section 1 - Data Analysis of the Three Questionnaire-based Surveys**

The ENB project on 'Development and Promotion of Open Learning' had been concerned with focusing the attentions of educationalists, managers and practitioners involved in nurse education, on this approach to learning. The series of five monographs which the Board subsequently published, concentrated on the use of open learning and the production of appropriate and effective materials. Two of the series, however, were concerned with the creation and implementation of open/flexible learning programmes (see for example James and Marr 1992; Kelly and Keeley 1992). It seemed likely, during this time, that flexible programmes were being offered by Colleges of Nursing other than those which had been featured in these two monographs. There was, however, a degree of uncertainty as to the exact nature and extent of

such flexible programmes. It was hoped, therefore, that data from the questionnaires would give some indications of this by offering a 'snapshot' of flexible nurse education within England, during this time.

### *Survey 1*

The purpose of Survey 1 was to find out how providers of post-registration education used and interpreted the term 'flexible learning.' Institutions approved by the ENB were asked to consider the programmes which they would be offering in the proceeding twelve months which, in their view, used a flexible mode of learning and to describe why they considered those programmes to be flexible. A very small number of respondents, from all of the categories of education institutions included within the sample indicated that they had either not heard of the term or had no understanding of its meaning. In the table below, statements referring to flexibility, as identified by those providers of post-registration nurse education who were offering flexible programmes, have been grouped into core categories.

**Table 4.1*****Core Categories of Statements which Explained Flexibility***

| <b>Survey Details</b>                            | <b>Colleges/Univ</b> | <b>NHS Trust</b> | <b>Private Hospitals</b> | <b>Hospices</b> | <b>All Providers</b> |
|--|----------------------|------------------|--------------------------|-----------------|----------------------|
| Questionnaire giving explanation of flexibility  | 52                   | 30               | 2                        | 9               | 93                   |
| Number of statements which explained flexibility | 218                  | 125              | 9                        | 38              | 390                  |
| credit rating                                    | 7                    | 1                | 0                        | 1               | 9                    |
| modularity                                       | 23                   | 13               | 1                        | 4               | 41                   |
| flexibility resulting from modular structure     | 22                   | 7                | 0                        | 9               | 38                   |
| location of course                               | 5                    | 3                | 0                        | 0               | 8                    |
| timing of course                                 | 29                   | 29               | 0                        | 3               | 61                   |
| starting date                                    | 1                    | 0                | 0                        | 0               | 1                    |
| entry to the course                              | 12                   | 3                | 0                        | 1               | 16                   |
| requirement to attend                            | 6                    | 2                | 0                        | 1               | 9                    |
| finishing date                                   | 5                    | 2                | 0                        | 0               | 7                    |
| content  | 24                   | 15               | 3                        | 3               | 45                   |
| mode of teaching                                 | 24                   | 24               | 2                        | 10              | 60                   |
| resources for teaching and learning              | 47                   | 15               | 2                        | 4               | 68                   |
| tutor support                                    | 5                    | 4                | 0                        | 1               | 10                   |
| pace of progression                              | 3                    | 5                | 0                        | 1               | 9                    |
| assessment                                       | 5                    | 2                | 1                        | 0               | 8                    |

This data gave rise to a number of issues. Firstly, the explanations of flexibility offered by providers were very broad in scope, indicating that flexibility in learning was complex, and was interpreted in a wide range of ways. Despite that,

there was, however, a general and perhaps surprising degree of commonality between the various groups in their characterisations of flexibility. In the responses from all the institutions, flexibility was typically characterised in relation to the learners and their needs; for example '*courses offer a variety of option modules for choice by students.*' Kelly and Keeley (1992) had suggested that the motivation for 'openness' and flexibility in learning had been driven by a desire to make the educational process more learner-centred and that increasing flexibility, was principally concerned with widening options and opportunities for the learners. The findings of this survey substantively confirmed that view.

Dominant categories of explanations of flexibility were that the course was modular, or was a module which formed part of a modular framework (respondents often cited modularity as a characteristic of flexibility in relation to the benefits that it gave to the learner); i.e. the course was offered at various times, outside working hours or on a part-time basis; flexibility in the content of a module, the timing could be varied; a variety of modes of teaching and learning were used (the use of independent learning and self-directed learning figured in this category) and the use of a variety of resources for learning, in particular in connection with the use of open learning 'packages.' Individual tutor support or mentoring was often mentioned in connection with the use of learning packages. Interestingly, flexibility in connection with the mode of assessment, was almost absent as a category. Whilst it is only possible to

speculate as to the reasons for this, assessment criteria were often set out very clearly in the documentation which accompanied the validation process of post-registration nurse education programmes. Such a criterion might, in some instances, have prevented the introduction of more flexible approaches. However, lack of confidence within the education establishment itself, as well as poor imagination on the part of nurse teachers, might also have contributed to this situation.

Although responding to the needs of the learner was a key characteristic, in a small but notable number of cases courses were deemed to be flexible because of the way they met the needs of others, typically the nurses' employers. The ways in which the courses met the needs of the employers (the Trusts) were primarily linked with the timing of the course, *'students ....can complete modules at a time convenient to their manager'* or the content *'students may choose modules appropriate to their organisation.'* The significance of the timing as an issue for the Trusts may be seen to explain the relatively high representation of 'timing' as a category in the responses from that group.

Practice as a characteristic of flexibility emerged in this survey. It was seen as both a resource for learning, (the course or an element of the course was work-based), or the way in which the practice component could be used could be varied, so that it met the needs of the nurse or, in a small number of cited instances, the employers. The prominence of practice as a basis for learning

opportunities in the responses, confirmed Rowntree's view (1992) of the value of the 'real world' and was also a recognition of the practical nature of nursing knowledge together with the importance of relevance and the practitioner's experience.

### ***Survey 2***

The purpose of the second survey was to discover how nurse teachers used and interpreted the term 'flexible learning.' This would enable any potential differences in the use and interpretation of the term between teachers and education managers to be identified. The core categories of statements referring to flexibility, identified by teachers of post-registration nurse education, are presented below.

Open to a variety of disciplines

Accreditation of prior learning

Optional methods of payment

Multiple entry and exit points

Offered at a number of locations

Offered at different times ie weekdays/evenings/weekends

Variety of modes of learning

Student centred

Tutorial support as and when required

Study programme meets needs of service

The explanations of flexibility offered by teachers were relatively narrow, when compared with other data collected from all providers of nurse education. The narrowness of this data, suggested that teachers' views of flexible learning focused mainly on classroom activities and student-centred approaches. Interestingly the data indicated that flexibility, for the majority of teachers, centred around aspects of education provision over which the teachers themselves had arguably considerable influence and control.

Dominant categories of explanation of flexibility were typically characterised in relation to a student-centred approach. Meeting the needs of the students appeared paramount for the majority of teachers. The data indicated a possible trend away from education sessions during daytime hours and a move towards offering sessions at weekends and in the evening. Although responding to the needs of the learner was a key characteristic, in a small but notable number of cases courses were deemed to be flexible because of the way in which they met the needs of others - typically the nurses' employers. Statements relating to accreditation of prior learning suggested a move away from the traditional and somewhat rigid approach to specific entry requirements for education programmes and indicated an opening of the entrance gate to continuing professional education.



The second part of the survey invited teachers to explain how they themselves were flexible in their everyday practices. From this data, core categories of statements by teachers were identified. The core categories are listed below.

Accreditation of prior learning

Optional methods of payment

Choice of modules available

Credit rated programmes

Variable time-span for completion of course

Offered at different times ie ww weekdays/evenings/weekends

Variety of learning methods to meet needs of student

Learning outcomes to suit student's needs

Tutorials as and when required

Ready access to teacher support

Negotiable method of assessment

Negotiable clinical placements

Student able to select mentor in placements

Meeting needs of service

The majority of teachers indicated that they used a variety of teaching methods to meet the needs of the students. These included computer based learning, open/distance learning packages, study skills sessions, remedial session, reflection as part of assignment work and self-directed learning. Learning

outcomes to suit the needs of students focused around the use of learning contracts. Study skills emerged as a dominant category. Whilst, arguably, these are an important acquisition for any form of learning, the data suggested that teachers recognised the importance of good study skills in this mode of learning.

A small number of respondents identified the use of a reflective philosophy as part of the flexible assignment process. Whilst any explanation for this can only be based on supposition, this could indicate a recognition of the importance of practice; knowledge gained from practice and recognition of the complexity of the nature of nursing knowledge.

The use of distance/open learning featured prominently in the data. The majority of teachers indicated, however, that the material from such programmes was incorporated into a particular module or course of study. This resulted in students often following sections, or one or two books, from a distance/open learning programme. This did, however, allow students the flexibility to study where and when they wanted, although there were often time constraints placed on the students for completing this part of the module/course.

A small but noteworthy percentage of teachers recognised the importance of self-direction as part of a flexible learning programme. Arguably the skills needed to be self-directed greatly enhance the student's ability to cope with the learning process and consequently, flexible learning programmes. Interestingly,

with the exception of an option to attend study skills sessions, assisting the learning to become self-directed was not a major feature of the options provided.

The outcomes of this survey complemented and extended the understanding of the nature of 'flexible learning' and the way in which it was interpreted by nurse educationalists. These outcomes were used in conjunction with the outcomes from Survey 1, and interpretations of the meaning of flexible learning in the literature, to develop the Dimensions of Flexibility Instrument which was used for data collection in the third and final survey.

### ***Survey 3***

The purpose of this questionnaire was to explore, in more detail than had been possible in surveys one and two, how nurse educationalists interpreted the term 'flexible learning' in use. The Dimensions of Flexibility Instrument was sent out to all providers of continuing professional development who had indicated, in the first survey, that they were willing to participate. Data analysis used the descriptor statements of the dimensions. The following table summarises the findings

**Table 4.2**

***Survey Details and the Dimensions of flexibility of Modules/Programmes Deemed to be Flexible by Providers.***

| Dimensions of flexibility                                 | Colleges/Univ | NHS Trust   | Private Hospitals | Hospices   | All Providers |
|---|---------------|-------------|-------------------|------------|---------------|
| Programmes/modules credit-rated                           | 49            | 13          | 1                 | 11         | 74            |
| A module or modular programme                             | 40            | 12          | 1                 | 5          | 56            |
| Provision and access - the                                |               | module or   | programme:        |            |               |
| Minimum restrictions of choice                            | 40            | 3           | 1                 | 4          | 48            |
| No minimum no of participants in order to run             | 12            | 9           | 0                 | 1          | 22            |
| Offered at more than one location                         | 41            | 23          | 0                 | 1          | 65            |
| Offered outside normal working hours                      | 27            | 16          | 0                 | 1          | 44            |
| Range of starting dates throughout year                   | 47            | 33          | 2                 | 10         | 92            |
| Accessible with a range of qualifications                 | 55            | 28          | 2                 | 10         | 95            |
| Allowed variation in the requirement to attend            | 47            | 34          | 1                 | 8          | 90            |
| Allowed variation in finishing date                       | 30            | 23          | 1                 | 5          | 59            |
| Teaching and Learning                                     |               | whether the | module or         | programme: |               |
| Allowed variation in content                              | 54            | 31          | 2                 | 11         | 98            |
| Used range of teaching and learning activities            | 58            | 45          | 2                 | 10         | 115           |
| Used range of teaching and learning resources             | 59            | 46          | 2                 | 12         | 119           |
| Offered ready access to tutorial support                  | 58            | 44          | 1                 | 12         | 115           |
| Allowed variation in pace of progression through module   | 45            | 31          | 1                 | 8          | 85            |
| Assessment  |               | whether the | module or         | programme: |               |
| Allowed variation in pattern of assessment (theory)       | 30            | 34          | 1                 | 8          | 73            |
| Allowed variation in method of assessment theory          | 48            | 26          | 1                 | 7          | 82            |
| Allowed variation in the pattern of assessment (practice) | 24            | 26          | 1                 | 5          | 56            |

In data analysis, the module was considered to be flexible in a dimension if, by its nature, it widened the opportunities and options available to the learner in such a way that it was likely to increase the possibility of meeting learner needs. The basis for the data analysis was validated through consultations with a group of experts in nurse education and this interpretation was supported in the case study phase of the data collection.

Several issues emerged from this survey of flexibility of post-registration nurse education. Firstly, although flexibility in assessment did not feature significantly in the providers' explanations of flexibility collected in Survey 1, it did feature when providers were asked directly if a programme was flexible in the assessment dimension. This discrepancy could be explained in the way in which providers viewed their courses. Perhaps they did not see flexibility in assessment as important, or as a significant feature. Secondly, across all provision there seemed to be most flexibility in the dimensions within teaching and learning where, in particular, there was flexibility in the content of the module, the modes of teaching and learning employed, and access to tutorial support. Thirdly, the constraint on access as a result of a module/programme not running, because of insufficient participants enrolling, was a feature of all provision and arguably had important consequences for meeting individual needs. Fourthly, in relation to other providers, the provision of the Trusts was restricted in the flexibility resulting from credit rating and linkage with a modular programme. It would appear that there was scope for development

here. Lastly, it became clear from this survey that ‘flexibility’ was complex and its multi-dimensional nature exacerbated that complexity. These features made judgements about the overall flexibility of any particular module/programme very difficult. The case study phase of the research offered an opportunity to explore this complex phenomenon further.

## **Section Two - Case Study Reports**

### **Introduction**

This section contains the accounts of the case studies of four continuing nurse education programmes which were deemed as being flexible by the providers. It was the intention of the researcher that the programmes studied should reflect the interests of nurses in different branches and specialities including midwifery and health visiting. However this proved difficult, firstly, because the questionnaire data obtained from providers of continuing professional education, had not identified flexible modules or programmes designed specifically for midwives or health visitors. Secondly, programmes which might have been accessed by midwives or health visitors had no enrolled students from either of these specialities at the time of the case studies.

Each of the case study reports is prefaced with a short introduction, providing information about the module/programme studied. The data are presented in sub-divisions which correspond to both the dimensions of flexibility and the performance indicators. These sub-divisions are as follows; access and provision, teaching and learning, and assessment and evaluation. The following table indicates the dimensions of flexibility covered during data collection in each of the case studies.

**Table 4.3*****Dimensions Explored In The Case Studies***

| <b>DIMENSIONS</b>                    |                | <b>CASE</b>    | <b>STUDIES</b> |                |
|--------------------------------------|----------------|----------------|----------------|----------------|
|                                      | <b>Study 1</b> | <b>Study 2</b> | <b>Study 3</b> | <b>Study 4</b> |
| <b>Provision of module/programme</b> | *              |                |                | *              |
| <b>Location</b>                      | *              |                | *              | *              |
| <b>Time of module/programme</b>      | *              | *              |                | *              |
| <b>Module/programme choice</b>       | *              | *              |                |                |
| <b>Range of mode of study</b>        |                | *              |                |                |
| <b>Starting date</b>                 |                | *              | *              |                |
| <b>Entry requirement</b>             |                | *              | *              | *              |
| <b>Mode of attendance</b>            | *              |                | *              | *              |
| <b>Finishing date</b>                | *              |                | *              |                |
| <b>Payment of module/programme</b>   |                |                | *              | *              |
| <b>Content of module/programme</b>   |                | *              | *              | *              |
| <b>Mode of teaching/learning</b>     | *              |                |                | *              |
| <b>Resources</b>                     | *              | *              | *              | *              |
| <b>Access to teacher support</b>     | *              | *              | *              | *              |
| <b>Pace of progression</b>           | *              |                | *              |                |
| <b>Pattern of assessment</b>         |                | *              | *              | *              |
| <b>Method of assessment</b>          | *              | *              | *              | *              |
| <b>Assessment of practice</b>        | *              |                |                | *              |



## **Case Study 1**

### **Introduction and background**

This case study was undertaken in January 1995 in a College of Health which spanned three counties and which was based on eight sites. At the time of the case study the College was not incorporated into higher education, although the tendering process was well advanced. The College offered a variety of nurse education programmes for post-registration nurses and was viewed by the Trusts in the area as the main provider of both pre- and post-registration education. The Trusts funded a number of continuing professional development courses, mainly English National Board (ENB) clinical programmes, which left a small number of modules which had to be funded by the nurses themselves.

### **Planning and history of the module**

The module which was the focus of this case study was an ENB module entitled 'Teaching and Assessing in Clinical Practice'. This module, which was designed to assist practitioners develop the skills and knowledge necessary to both teach and assess students in the clinical area, had been developed within the past 18 months. Prior to this there had been a plethora of short programmes which were designed to help practitioners, facilitate and assess learning in a variety of specialist clinical areas. Obvious overlaps in these programmes had

been identified however, and a planning team had therefore been established to create a module which replaced these short programmes. This planning team consisted of educationalists as well as practitioners and senior clinical managers representing the Trusts. The team's remit had been to produce a module which covered the principles of facilitation, together with teaching and assessing skills and which also enabled practitioners to transfer these skills to a variety of clinical settings.

### **Details of the module**

The module could be accessed as a 'stand alone' module or as part of the BSc (Hons) programme in Professional Practice. In addition to this it also contributed to the ENB Higher Award. Links had been established between the College and a local Institute of Higher Education and the module had been given a CATS-rating of 20 points at level 2. It was available to staff working in the Trusts across the three counties including midwives who could select to undertake this module as a statutory education and practice refreshment programme (1). The module was delivered on all eight sites of the College, although not at the same time. On average, the module was delivered 35 times a year, with a minimum of four occasions per site.

There were three parts to the module. The first, encompassed a two-day workshop for preparation of facilitators, in line with the ENB guidelines for the

validation of courses. The second part, of three days duration, was designed to help qualified nurses with their own personal and professional development. The third part consisted of six days covering the aspects of teaching and assessing. There was one study day every two weeks in the third part of the module, which meant that this part was delivered over a period of three months. Students were able to study the whole or part of the module and the parts of the module could be studied in any order the students wished. Details of the module taken from documents published by the College are given in Appendix 8.

### **Collection of data**

Interview data were collected from six individuals.

Education manager - member of the planning team and manager for the module. This individual also acted as the module teacher on the College sites at which data collection took place. She was therefore able to comment on both the planning, management and teaching of the module.

Student 1 - paediatric staff nurse, who had worked in this speciality for the past seven years. She had recently completed the module and was currently working in an acute paediatric area.

Student 2 - staff nurse, who had just returned to studying the module after having had a break. At the time of data collection she was working in a care and rehabilitation of the elderly unit.

Clinical nurse manager 1 - manager responsible for the management of the midwifery, gynaecological and paediatric unit within one of the Trusts.

Clinical nurse manager 2 - manager who had taken part in the planning of the module and who was the link person between the College and one of the Trusts.

### **The dimensions of flexibility**

The dimensions of flexibility of this module, as reported by the education manager in the completed Dimensions of Flexibility Questionnaire, can be found in Appendix 9. The following is a summary.

#### *Access and Provision*

The module only ran when a minimum number of students enrolled and was offered at more than one location, outside of normal working hours; that is, on weekday evenings and weekends. It was offered as one of a choice of a different group of modules on each occasion. Entry requirements accommodated a range of qualifications and experience including AP(E)L. There was some choice of

starting date for the module, for example two or more entry points a year, however there were fixed finishing dates. Students were required to attend an educational establishment for some of the module learning activities at specified times, but were able to negotiate to use a mode of study of their choice.

### *Teaching and Learning*

The content was negotiated to meet the students' needs and a variety of modes of teaching and learning were included such as lecturing, reading prepared materials, discovery learning and participatory exercises. Resources for teaching and learning included teacher/trainer, texts, resource centres, libraries, visits to clinical areas, learning packages supplemented by tutorial and peer support as well as video, CD and computer software. Pace of progression through the module was negotiated between the teacher and the student, as was tutorial support. This depended upon the needs of the student and took the form of face to face contact, written correspondence or communication via the telephone. Student support was available only in normal working hours.

### *Assessment*

Assessment took place twice during the module with fixed submission dates. The method of assessment did not include an unseen paper, but a range of written assessment evidence, negotiated between the student and teacher.

Assessment of practice was based on the learning needs of the individual student. The criteria for this assessment was therefore negotiated between the student, teacher and assessor.

From the questionnaire data and from the case study data, these were the dimensions of flexibility that were explored in some detail:

- provision of module
- location of module
- time of the module
- module/programme choice
- mode of attendance
- finishing date
- mode of teaching and learning
- range of mode of study
- resources for teaching and learning
- access to teacher support
- pace of progression
- method of summative assessment
- assessment of practice

## Access and provision

Students obtained a place on the module in one of two ways. The Trust 'reserved' places during the year and the majority of nurses who undertook the module were approached and nominated by their managers. Individual nurses who identified that this module was important for their own professional development and career advancement had to negotiate a place with their respective clinical managers. The module was only available when a minimum number of ten students had enrolled. It was a popular module however and heavily subscribed. Students knew of its popularity and this often increased their anxiety about securing a place, as student 1 indicated:

*'I think this particular module is one that's needed quite a lot and the numbers (of applicants) are high, so I didn't think the module would be cancelled. I was quite late applying and I wondered if there might be too many of us.'*

There were two main entry criteria. First, to be able to be credited with the whole of the module, the student had to be a first level nurse. This requirement did not exclude second level nurses undertaking the module but they were not able to be credited with the award (2). Secondly, the College recommended that the student should have had at least one year's post-registration experience,

*'because we feel they need to consolidate their pre-registration education before undertaking their role of teaching and assessing.'* (Education Manager)

The clinical manager who had been part of the planning team considered that it was helpful, from the Trust's view point, that second level nurses could access this module:

*'We've got some quite highly graded enrolled nurses and they're used - there's no two ways about it - for teaching staff because they hold the grade because they have the expertise in that particular field. I think the fact that enrolled nurses can now access the module is an advantage'* (3).

There was no selection process as such. However the needs, both of the individual student and the Trusts, had to be considered when offering places on the module as the education manager indicated:

*'I feel that that (the needs of the individual students) has to be tempered against the needs of service (Trusts) and therefore the guide-lines are that we offer the module dates to the managers and they nominate who they want to go on which dates. We may well guide them to who we feel is more appropriate than another, or we may say "you need to be aware that such and such a ward actually need facilitators and assessors." So at the moment I know that*



*paediatrics actually need facilitators and assessors because of education programmes planned to commence in the near future. ' (Education Manager)*

A data base which recorded the number of facilitators and assessors working within each clinical area was maintained by the education manager. This data base was clearly of value:

*'I've demonstrated they (the Trusts) may well have either a plethora or they have a hole and it's been a very useful tool. ' (Education Manager)*

At the time of the case study there was a six-month waiting list for the module. The College was in the process of sending out information to the clinical managers which identified members of their clinical staff who had contacted the College to express an interest in the module:

*'we'll say "these people have demonstrated an interest" and they can say "well actually I don't want her to do it this time because etc." I think that has encouraged a greater commitment from managers when they've nominated their own staff. It's also forged communication links between me and them. So I'm building a greater interface because of the flexibility. It will take time, but it's beginning to happen. ' (Education Manager)*

Clinical manager 1 in particular was concerned about the number of places available:

*'there doesn't seem to be a lot of planning and particularly for midwifery where, as I said, the module is used as a refresher programme. We know at the beginning of the year, we know two years in advance actually, how many people need this module and it is extremely frustrating not to know until practically the last minute whether we've got those places. Because there are not places on the module it means that we then have to go out and find refresher course places for people around the country and if we leave it too late, they're booked. That causes problems with the service because we're having to send people away and we can't necessarily get the placement that people want to go through. So we put a lot of pressure on people as well as service wise.'*

She also expressed concern about her lack of control over the priority of allocating places on this module in her own area:

*'in terms of priority for the wards and departments I don't think we always get that right. I may have a priority that overrides who's actually on the waiting list and I don't feel there's very much understanding of what the impact is going to be if the College brings six people from the same ward on the same course. That's no good. if everyone is suddenly given a place we just can't cope with it. It's unfair on the staff. Training doesn't come up that often for them. To have to*

*say “you can't do it because we can't release you” is very unfair. Whereas if we hadn't raised people's expectations in the first place we wouldn't run into so many problems.’*

In the view of the second clinical manager, there had been a change in her Trust's position. In the past the Trust had not exercised ‘control’ over which members of staff studied the module.

*‘Now we look at who goes, whether there's a need for them to go.’*

All staff working in clinical areas with student nurses were expected to have undertaken the module. Those staff in clinical areas which did not have student nurses were able to access the module but would not be supported by the Trust either financially or in terms of study time provision. This situation highlights the tension between the needs of the Trust and the individual nurse's own professional development needs. If a nurse wished to change her/his job and move from a clinical area which did not have students into one which did, the nurse would need to have studied this module. The Trust however would not support her in such study whilst she worked in a clinical area which did not have students. The nurse would, however, have the option to studying the module in her own time and at her own expense.

During any one year the module was available on all eight College sites and students were able to study the module on any site they wished. Those students who lived close to a College site often wished to study the module on that site rather than the site nearest to their work base. This was not a problem for the Trust, firstly, because some students undertook the module in their own time, although they were allowed time off in lieu, and secondly, because students were not paid travelling expenses. The students interviewed were not aware of the possibility of negotiating to study the module on any site. They had received a timetable of activities prior to the start of the module and at the same time were informed of the location. Both students however, had been offered a site which was close to both their work and home, so travelling to the College site had not created any problems for either of them.

The module operated on a rolling basis spread over the eight College sites, so if students missed a particular study day in the programme it was possible for them to attend the study day on one of the other sites, as one of the students indicated:

*'A few of the girls have had days when they know they can't attend a study day and they've (the College ) fitted them into one of the other sites.'*

The first clinical manager wanted more continuing education programmes. She also wanted this module, in particular, to be based on the site of the Trust although she recognised the difficulties. The College and Trust no longer

occupied the same site as a result of the development of a new hospital building. In addition, the Trust did not have a great deal of tutorial space and would probably be unable to make long term commitments in terms of the space that was available. It was also likely that the College would be required to rent any such accommodation from the Trust and this could prove uneconomical for the College in the long term (4).

One of the students indicated that she had initially wanted to study a module which focused on caring for the diabetic client/patient. However she had been told by her clinical manager that the clinical area did not require expertise in that area of patient/client care and that if she wished to undertake the module it would have to be in her own time and at her own expense. Again this situation illustrates the potential conflict between the interest and needs of the individual, in terms of professional development and the interest and needs of the Trust, whose priority has to be to ensure that staff have the expertise needed for delivery of care. This student had later been approached by her clinical manager offering her a funded place on this module (Teaching and Assessing in Clinical Practice) with supported study time. The student had agreed. The offer had come within a month of her original conversation with her clinical manager and the student was conscious that she had taken precedence over some nurses who had been waiting for up to eighteen months to obtain a place on this particular module. However, it had been explained to her, by her manager, that there was

a need for facilitators and assessors in the particular clinical area in which she was working.

If students' learning needs are to be met, it is important that each ward has sufficient facilitators/assessors. Insufficient numbers of facilitators and assessors to accommodate the number of student nurses in a clinical area may result in that particular clinical area being withdrawn from the education circuit. Such an action has major implications for both a College of Health and a Trust. This is because there are only a finite number of clinical placements for students available to a College of Health. As well as this, however, clinical staff value having students on their wards and are keen for their clinical area to offer student placements. These staff often view the facilitation of students as an important contribution to their own professional development.

Although the module had set starting dates, students were able to 'dip in and out' (Education Manager) of the module, as it was divided into the three parts. This meant, for example, that it would be possible for a student to study one part and then, at some later time, study the second part and then the third, thus completing the module over a protracted period. This gave a degree of flexibility. Student 1 had not been able to negotiate the time of starting the module but this had not been a problem for her.

The second student indicated that the College had been flexible about when she started the module. This flexibility had been very important to her:

*'because I'd applied for the Prince's Trust Volunteer Programme and I wanted to be able to do that if I got the place. So obviously if I had started this module I wouldn't have been able to do it.'*

This student had started the module, completing the first part, but then had required 'time out'.

*'I actually started back in July last year and I did a week's block and then I was about to start my teaching and assessment study days and unfortunately I was off sick for four months with arthritis, so I was really quite concerned that I'd started this module done a big chunk of it and obviously I wanted to complete it. So I negotiated with the education manager and she was really helpful. She said "when you're ready to come back to work then speak to me and I'll then fit you onto the next module." So there was no pressure. She was really supportive. I was worried enough about coming back to work anyway, so if I hadn't the choice of starting a bit later on I think I would have thought it was too much and I couldn't have done it all at once. I don't think I would have continued.'*

Completion dates for the module were at fixed points but as a result of students being able to 'dip in and out' there was some variation.

The Trusts welcomed the fact that the module was offered during the evening as well as day-time sessions. It was particularly useful because of the number of staff that needed to undertake this module. Before the development of the module, students wishing to become facilitators and assessors needed to spend block periods of a week or more, away from the clinical area. Trusts had found these block periods of study very difficult as the clinical area had to be appropriately staffed. The College had responded to the Trust's request for a module which included individual study days spread over a period of time rather than being 'blocked' together.

Written information, given to the students before starting the module, stated that,

*'In order to meet the ENB requirements participants must attend 80% of the available study days.'*

The College kept a register of attendance. Students stated that at the beginning of the module it had been made clear to them that they would be able to negotiate attendance at teaching sessions. This flexibility was viewed as being very important for student 1 in particular, who had undertaken a number of continuing education programmes prior to this module. She had taken the opportunity to use the time, acquired through negotiation, to concentrate on other aspects of the module, something she felt she needed to do.



*'It was up to us to negotiate. I'd recently completed the RSCN programme six months previously, so I was up to date with professional issues and I was also at that time doing the professional studies module, so some of the things I was duplicating I was able to go to (the teacher) and say "Do you think I need to attend this one?" and she told me the aspects of it and asked me if I thought I needed to attend. I could say "no, but I'd like to read around that."'*

For the other student the 80% attendance had been difficult due to ill health. However being able to suspend her studies and return to the module at a later time meant that this difficulty could be overcome.

### **Teaching and learning**

The College AP(E)L strategy offered the students an opportunity to be credited with previous knowledge and experience. However neither of the students interviewed had chosen to take this option.

Information sent to the students prior to starting the module briefly outlined the module content. The students followed a set curriculum but a particular topic area could be covered at their request. Students appreciated and supported the general principle of being able to negotiate changes in the content of the module. On occasions, the students had thought that their time could have been used

more effectively learning about topic areas other than those time-tabled. When this happened they made their views clear:

*'we shouted, there was a Friday afternoon session and the title really reflected back to things we'd done. So we thought because it was a Friday afternoon we could use the time more constructively. We were allowed to do that and we went through all the things from that week that we weren't quite sure about.'*

The information given to the students prior to commencing the module, indicated that a variety of teaching and learning strategies would be used. The education manager considered that all the strategies were predominantly student-centred and the students agreed. There were opportunities for the students to discuss their preferred learning styles with teachers. In addition, most of the teachers asked the students to evaluate their teaching sessions and gave the students the opportunity to comment on the teaching and learning strategies used. Some of the teachers negotiated learning strategies at the beginning of a session. When this happened the teacher would indicate the intended strategies and the students were then given the opportunity to say if they would prefer a different teaching and learning approach. This negotiation happened within group sessions but the students considered that there was consensus within the group on the preferred teaching and learning approaches. In the words of one student:

*'We rarely had a straightforward lecture unless it was of importance to everyone. Very much the way the lessons went was down to how the group and teacher felt at that time and how they negotiated it. . . .if someone didn't agree with what the teacher said they'd say "right, let's discuss this between us. Who thinks so and so?" It was more like adult learning.'*

This negotiation was important for one student who considered that she was *'an organised person'* and needed structure within sessions. If she knew what learning and teaching strategies were to be used it provided her with the structure she needed. She considered that if teachers went into a classroom and started a session without this negotiation, she often found it difficult to concentrate because the structure, in the sense of knowing the learning and teaching strategies to be used, was not there.

The students interviewed disagreed on whether or not they had a personal teacher. However, both students agreed that part of the role of the link teacher was to provide them with teacher guidance if required. Both students felt that they had access to teacher guidance if they needed it and they felt able to contact the individual outside normal working hours, both during the evening or at weekends.

*' . . . she gave us three different 'phone numbers, work, home and mobile 'phone number and she said we should never hesitate to get in touch. She said we*

*might not always get her the first time, but if we left a message she would contact us within 24 hours. That was really helpful because we all felt there was a lot to do on the module and were wondering if we were going to be OK.'*

Only one of the students had used this option but she had found it valuable as she had received information at the time at which she had required it and had not had to wait.

*'I left a message and she got back to me the same day, which was really good.'*

(Student 2)

There were three, one to one tutorial sessions with the teacher, planned into each 'part' of the module. Students were able to negotiate more sessions if they needed them. Each tutorial was expected to last no longer than half an hour. Before the start of the module, students were given written information on how to prepare for these tutorials. Teacher guidance was viewed by students as a means of knowing that they were '*on the right track*' or that they would '*get a good result*' from a piece of work which was to be marked, such as a reflective diary.

Students received information on library opening times before the start of the module. All of the College libraries on the different sites were staffed, except for one, and the majority offered the services of a qualified librarian. All

libraries offered access to computers and had CD-ROM literature-search facilities. Opening hours were mostly confined to daytime only, although some libraries offered students key access outside of opening hours. One student found that the library opening times caused problems. It was particularly difficult to access the library if students were on an 'early' shift of duty. Such shifts usually finish at 16.30 hours but it was not often possible to leave the ward on time. As the library closed at 17.00 hours she often had to use her day off to visit the library.

Because the module was in three parts, to an extent, students were able to study at their own pace. This separation into parts gave the students the choice of when to study each part, as well as some control over the speed at which they progressed through the whole module. As the education manager explained:

*' . . . you could actually have someone, as I do today, who actually did the two-day workshop quite some time ago and has now come back to do the three day personal and professional development and then will cover the six study days on teaching and assessment at a later date.'*

### **Assessment of theory**

The module was assessed both formatively and summatively. The students were given completion dates, for both the assessments of theory and practice, at the beginning of the module.

*'The two main pieces of work we have to do are a reflective essay, reflecting on our practice as a teacher - so that's a set piece. The second piece we have to do is a research-based essay on an area of our choice, but we have been given quite a lot of guidance to do it on something that interests us and that we can use in the work place, so I'm hoping to do mine on depression in the elderly because we see an awful lot of depressed patients, especially after strokes, etc. So hopefully I can take it back and use it.'* (Student 2).

The other student interviewed felt the 'openness' of the assessment topic was very useful. However, she found it difficult at first to ascertain the 'level' at which she should be writing:

*'My concern was at what level do I write? As I say, I'd completed the RSCN course and was doing Diploma level and I thought "What do they want from me? How much writing, how much literature? How many references? Is it a discussion?"'*

(Student 1)

This student resolved the problem by discussing her difficulties with her personal teacher. The written assessment work was based on demonstration of achievement of learning outcomes. How this was demonstrated was for the student to decide. This appeared to create some anxiety amongst the students who commented that they were unclear about the expected format of the written

work. The issue of expectations of written work is revisited later in the case study.

### **Assessment of practice**

Previous programmes which focused on the development of facilitation and assessing skills had limited assessment of practice. The planning team saw assessment of practice as an important element in the module. Ten key skills of facilitation and assessment had been identified and these formed the basis of the continuous assessment of practice. Students were encouraged to make a self-assessment against these ten key skills at the beginning of the module. They were asked to identify their own skill level using a ratio of one (low) to five (high). Students then discussed this self-assessment with their facilitator in their clinical areas, exploring the ways in which they might develop their skills and the desired learning outcomes.

The students interviewed emphasised the importance of the negotiation process that took place with their clinical facilitator:

*'Sometimes it took careful negotiation if you were on night duty and you certainly had to pick a subject or a person that was going to be around for a couple of days. Paediatrics has quite a fast turnover. In a long stay area it would be easier. You also had to seek permission from parents. So you had to*

*prepare the parents for the teaching session, as well as the student having to be prepared. So it was quite a long process, a lot of negotiation between a lot of people.'*

Students were able to negotiate the topic area for the assessment and could undertake the assessment whilst on night duty if they wished. There was also the opportunity to be spontaneous as student 1 described.

*'My initial teaching session - a child's nasal gastric tube - there was enough time and the child needed the nasal gastric tube passed again. Mum was awake and willing for it to be used as a teaching session, so we used it.'*

Flexibility in this assessment had been very important to this student:

*'obviously if you're the most senior nurse on duty you've got patients allocated, but there are also a lot of things that take up your time and it really did have to be negotiated. Prior to the teaching session, but also at the time, I was worried that if I was so busy there wasn't anyone who could take over at that moment.'*

There were however times when students found it difficult to meet with their facilitators. Although the student quoted above knew her facilitator's duties, the needs of the clinical area had meant that their duties had not coincided for a number of months. This resulted in this student being under pressure to



complete the assessment of her practice within the time span stipulated. Even when the student and facilitator had met, there was little time to spend discussing the student's progress and learning outcomes:

*'it had to be on the hoof. You were negotiating as you were working.'*

Assessment of practice is complex, and the process must not interfere with patient/client care. Flexibility in terms of where and when an assessment of practice takes place may well have been born out of necessity here rather than as a planned flexible element of the module.

From comments made by the second student it appeared that there was also an element of choice in the way in which practice was assessed.

*'You choose to teach a skill in a structured manner, or you can just work a shift with them (facilitator) and they can shadow you and assess your skills as you go along.'*

The student felt that this had been useful, particularly the option of being 'shadowed' by her facilitator, who was also her manager.

*'our manager is just implementing clinical supervision, so we all know that she's looking at what we're doing. So everyone is very aware of their practice at the moment. It can only be a good thing.'*

There was no formal provision of time within the module for student and facilitator to meet. Students were responsible for negotiating time with their facilitators. The College had however, attempted to protect the interest of the students which student 2 had found reassuring.

*'Whoever your facilitator is at the beginning of the module they have to sign documents to agree that they're going to be your facilitator and they're going to do this work with you, so they have a responsibility to you which is quite reassuring for you.'*

Teachers and facilitators met as a group on a regular basis to discuss any difficulties which the facilitators might be experiencing.

## **Evaluation**

The College did not have an evaluation instrument which specifically evaluated the flexible aspects of the module. The education manager indicated this was something which she wanted to develop.

*'I think that would be our next job given the opportunity, because we haven't got there yet and I'd like to purely because I like to be a very flexible person, but a lot of people have a lot of problem coming to terms with letting go. As long as you've got a student sat in front of you with their mouth open you can actually shovel it in. It's the feel good factor. I think teachers find it very difficult to evaluate themselves and wonder whether actually it could be something to do with their delivery that the students aren't learning. I don't say I'm the sackcloth and ashes type and there must come a point where hand on heart you can say you've done everything you could, but I don't think we have. I think we should have some sort of evaluative tool, but I think it's going to be quite uncomfortable for some of the teachers. We're nearly at that point. And they're quite animated by it all, they think it's quite good fun. But I think you need time to get to that point.'*

The Trust had not been formally approached by the College to take part in an evaluation of the module, however after the first group of students had completed the module, an informal evaluation had taken place at the Nursing Advisory Committee. This committee provided a forum for discussions between the College and the Trust. This had been important during the development stage of the module.

*'We've got a system within our area where we haven't actually got nurse managers. The most senior managers are the ward managers. But we have*

*Directorate Nurse Representatives and those nurses come to a Nursing Advisory Committee and anything that's decided on education or nursing practice or whatever goes through that particular committee. So all the Directorate Nurses were involved in discussion and acceptance of the package at the end of the day. One of the tutors sits in on that particular group as well, so there's quite a lot of discussion about it. ' (Clinical Manager 2)*

Both the College and the Trusts were apparently comfortable with the relatively informal evaluation procedures that were used. The clinical manager who had been a member of the planning team commented:

*'Certainly overall evaluation seems to be that it's working well. We haven't had a formal evaluation. It's probably something we ought to do.'*

### **Impact of flexible modes of learning on educational experience and achievements**

For student 2 the flexible nature of the module had been very important:

*'For me I think the flexibility was just about everything because if it hadn't been flexible I wouldn't still be doing it. I'm quite enjoying doing the module in the evening. It's 5.00pm - 8.30pm and I've managed with my manager to agree that because two evenings make one shift I have a study day every other week and*

*then I have a day off the other week on a Tuesday when the module is. So it's worked out quite well for me because I get a full day when I can write up my work and then go in the evening and do the next study day . . . . I think they've done really well I must admit. They offer day, evening modules, you can catch onto a module if you've missed a bit. I think they've done really well.'*

When asked what she had learned as a result of the flexible nature of the module she responded as follows:

*'To be flexible myself. It had a lot of benefits. To be aware that people have different needs. Some people can only study in the evening and some in the day time. A lot of people are already working and have child care, etc. So I think flexibility really enables people to do it. They couldn't do it if it were a day module . . . . It's made me realise that students have another life as well as their life on the ward and you have to try and fit in with them. . . . I'm enjoying the module because you know you can ask anything really. It's negotiable, even to swapping study days by going to a different site if you have a problem. I think having the personal teacher who you know is supporting you really helps'*

This student also welcomed the opportunity to choose the topic for the research-based essay.

*'I was quite pleased we could choose something because it's always easier if it's something you're interested in to go away and find out about it. If you're given a subject you know nothing about it's that much more difficult to get started, let alone research it and write it up.'*

For student 1 the flexible nature of the module had had a major impact on her educational experience.

*'There were times when I'd been in College and then had to work the night, which is quite difficult because it's extremely tiring. On the occasions when that did happen, I was able to negotiate with the teachers and say "I've attended that particular lecture before. I promise I'll read up on it but do you mind if I go at 3.00pm because I need to go to bed." People were quite open to negotiation . . . It was very much a module where you identified your own needs. It was a learning situation for a lot of people and you took quite a lot back from lectures and things back to the clinical area and you could help people who'd done the course in previous years and say "I've discovered such and such."'*

For this student the flexible nature of the assessment of theory had enhanced her learning experience.

*'I found that bit quite exciting. Especially doing the assignment on a learning experience. The different levels we teach at everyday. And the module enabled*

*you to look at the different bits. You didn't have to do 1,2,3, of your assessments all on the same area it was flexible enough to be able to measure a different situation each time.'*

The clinical manager, who had been a member of the planning team for the module, felt that it was difficult to assess the impact that the module had had on the practices of nurses in the clinical area. This was primarily due to the fact that there were only a relatively small number of nurses who had currently completed the module. However, the ward managers were reporting that the students certainly appeared to be very enthusiastic and often critical of the current practices of facilitation of learning in the clinical area:

*'and what they're saying (the students) is sensible.'* (Clinical Manager 2)

However, she felt that the Trust needed to look at formally evaluating the outcomes instead of just relying on what ward managers reported.

Similar comments were made by the other clinical manager interviewed.

*'I think there was a concern a little while ago about what the reason was for doing the programme and I think a lot of people felt there was a requirement to do it because it was there and if we didn't have people (credited with this module), we couldn't have students. So it's almost not the right reason for doing*

*a course. I think now there's a greater awareness from staff that they have a responsibility for their own updating and that it's important that they initiate that partly rather than being directed all the time. So I think there is probably a greater participation now, people wanting to do the module for better reasons. I'm not saying the previous reasons were wrong, but they weren't necessarily the ones that really motivated people to do well. I find that as people come back from the module there's the advantages of sharing. Networking goes on for nurses. There's just a greater interest in wanting to research and look at the practice, why they're doing it.'*

It should be noted here that the comments from this clinical manager are difficult to link directly to the flexible nature of the module. The two students interviewed however felt that the flexibility had had a beneficial impact on their educational experience and achievements.

### **The management of flexible learning**

The College covered a wide geographical area and it was often more convenient for the teachers to visit the students in their place of work, than for the students to travel to one of the College sites. This meant that teachers often travelled distances of over 100 miles to meet with a student to provide the necessary support and guidance. In addition to this teachers travelled between all eight College sites to deliver the module. Every attempt was made to ensure teachers



were not making unnecessary journeys. Lease cars were offered as an option to their own private cars and all members of the College staff were encouraged to share cars whenever possible. Nevertheless flexibility here had serious cost implications for the College. Expenditure on travel was monitored against the hours individual teachers worked and any excessive travel by a teacher would be identified and efforts made to rectify the situation. The stress often associated with travel was not formally monitored although the topic was often raised by teachers during Individual Performance Review interviews.

Teachers' workloads were being monitored using data collected during Individual Performance Review interviews. This helped managers to spread the workload of the College as evenly as possible amongst the teaching staff.

***a) Management of module across College sites***

On each of the College sites there was a teacher who was responsible for the management and delivery of the module. Each of these teachers held a copy of the submission document for the approval of the module by the accrediting body, teaching packs which were used on the module and a management file. This management file provided a standardised format for the management of the module. Together these documents provided the parameters in which the module was both managed and delivered. As the module was delivered on a

'rolling basis' individual teachers had regular 'slots' or sessions on the module timetable.

***b) Flexibility in curriculum content***

There was a set curriculum which teachers were expected to follow, however there was a degree of flexibility as the education manager explained:

*'the flexibility comes within the delivery and we do have teaching packs, but only so that there is some continuity and some sense of communication between the different teachers who are going to teach the different sessions. What I found on evaluating the old course and then the early modules of the new curriculum was that you could have two teachers who perhaps came from two different sites going in to teach the same group of students, one say on lesson planning and the other on learning styles and they would teach the same thing because their interpretation of what they were doing was obviously their own and that's fine. But if you already have someone going in teaching about learning styles and then they're expecting lesson planning, to have it repeated was most infuriating from the students point of view. So what we did as a group of teachers was to look at what we felt the content of the module was and the evaluations from the students and then tried to make the curriculum programme from that. However, from the student's point of view, if the students, and they do because they're very vocal - and we encourage them to be, demand and suggest*

*something completely different then that's what we do. An example of that would be that yesterday I went to (College site) to evaluate the module and you always open with "Hello. How's it going. How are you?" and they open up with, because we encourage them to do so, "Actually we're quite concerned about our written work" and there's nothing in the curriculum that really tells them how to write an academic essay. I spend the afternoon working on a workshop basis on how to do a literature search and how to write a literature research essay and how to write a reflective essay. So the flexibility is built within responding to the students. If they want to be taught how to do something which we were going to be doing at a later date. So we respond.'*

Whilst the curriculum formed the framework within which flexibility of content operated, it is interesting to note here that in this example the flexibility extended outside the curriculum. Subject matter did however have obvious relevance for students.

### ***c) Communicating areas of flexibility to teaching staff***

Teachers who taught on the module meet together on a regular basis. There had been numerous short programmes in existence, prior to the development of the module, which were all aimed at teaching practitioners how to teach and assess in the clinical area. The variations in these short programmes were often due to different interpretations of what students needed to become effective facilitators

and assessors. When the education manager came into post one of her first tasks was to replace these numerous programmes with this one module. The purpose of this change was to ensure a common 'philosophy' and educational approach across the College.

Teachers who were to be involved with the delivery of the 'new' module had met frequently including a two-day period in a hotel, in order to arrive at a shared understanding of the aims and outcomes of the module. From these meetings teaching packs had been produced. This was to ensure a common core content to sessions within the module across the sites. These packs provided the teacher with a base-line for planning a session and contained the areas and issues which would be addressed, but not the mode of delivery. Although the module was now operational and all of the teaching packs had been written, these meetings continued.

*'We meet on a regular basis and set up our terms of reference and at those meetings we generally meet for the day and we have a set agenda and minutes and we work through it and then comment as is and when and toss things about and work things out. We don't leave until we can go away thinking we've sorted it out'* (Education Manager)

#### ***d) Management of flexibility within assessed work***

The teachers met on four occasions, spaced throughout the year, to mark and double mark all written assessments:

*'so that we're all having some sort of measure of parity and understanding'*  
(Education Manager).

The flexibility of the assessment process focused around the College's philosophy of adult learning:

*'we feel that these people are professional, qualified experienced individuals who should be given the opportunity to have the amount of flexibility in direct relationship to demonstrating that they meet the learning outcomes. And as long as the learning outcomes have been met then the way in which they demonstrate it is their responsibility. For instance, if you're writing a reflective essay and the learning outcome say that this student will demonstrate theory of reflection and can apply it to practice and in relationship to teaching and assessing, then how they actually demonstrate it is up to them. That's a model of flexibility that we use to a great extent across the post registration spectrum because the marking grid is one that's universally used within the College and also within the University and as long as they can demonstrate academic rigour and standards the flexibility is within the demonstration.'* (Education Manager).

#### ***e) Parameters of flexibility***

There were written parameters for some of the aspects of flexibility of the module. For example, the College had decided that they were only able to

accommodate twenty students per module. This was due to a number of factors which were mainly concerned with resources. However, teachers, who were the module site managers, were often approached by clinical managers from the independent sector for places on the module. This request for places would be discussed with the education manager but if the module site manager felt that there were sufficient resources to accommodate these students, then they would be offered places. Module parameters were set out in writing by the ENB. However if some flexibility was required which might contravene these parameters, it would be discussed with the ENB's Education Officer.

Flexibility of the assessment process operated within the framework of the examinations and assessment scheme of the awarding institution. If for example a student requested extended time to complete a written assessment, the teacher would contact the education manager and seek permission to agree to the student's request. This situation arose because there was a procedure that had to be followed and formal notification had to be given to the examination board. There was however a degree of flexibility in the procedure.

*'There's also the informal bit where I think - and it is acceptable to a certain degree - that professional opinion and judgement has to be taken into consideration and therefore it might be that a teacher would say "I've actually told the student that although the hand in date is such and such that she needn't hand it to me until the end of the week because her computer disk failed" so*

*there's a bit of flexibility. But on the whole it's following regulations with that flexibility.'* (Education Manager)

In other areas the parameters of flexibility were less well defined. These parameters existed through a shared understanding of the aims of the module and the professional knowledge of the teacher.

#### ***f) Communication between Trusts and the College of Health***

The Trusts and College had differing perceptions of the relationship which existed between them and the quality of the communication which took place. Both clinical managers interviewed acknowledged the changes which had recently taken place within the College, using the terms 'turmoil' and 'enormous upheaval.'

*'At times I think the College is in such turmoil with the senior management changes that the left hand doesn't know what the right is doing. We could be accused of the same, but I do find that staff come back frustrated because the learning contracts they have are kept to very strict things. There's a requirement for certain things to be done by a certain time. In response, the College is supposed to say they have marked or assessed by a certain day and we're finding the commitment seems to be one way at the moment.'* (Clinical Manager 1)

It should be noted here that these comments did not relate specifically to the module studied. The Trusts and College no longer shared a common site and changes in the health service had introduced the purchaser-provider roles. It appeared that both of these factors had affected the relationship and communication between the Trusts and the College .

*'I suppose two or three years ago my colleague and myself would have known every teacher down here (the College ) and we'd know exactly who to go to, when to go to them, telephone number etc., but because of all the uproar and re-organisation you don't actually know specifically who to go to' (Clinical Manager 2 ).*

Despite the general sense of frustration in the above quotation, both managers considered that the education manager who was responsible for this module was well known and very approachable. Although her College-wide remit made contact difficult, there was the option of leaving a message.

These general comments have been included within this case study to illustrate the particular problems faced by Trusts and College in managing flexible learning during a time of considerable change. The features of the current situation have implications for communication at all levels, between College and Trust.



## Notes

(1) There is a statutory requirement for midwives to update their knowledge and skills every five years.

(2) This point refers to the differences in the roles of first and second level nurses. Whilst second level nurses do not have a formal role in teaching and facilitating learning, as a member of the ward team, they contribute to the overall learning environment as provided by a clinical area.

(3) This point illustrates the tensions that have been present for many years in the clinical area regarding the role of the enrolled nurse.

(4) As a result of changes in the management and organisation of the health service Trusts are now purchasers of education and Colleges of Health or other institutions, the providers. Trusts own existing buildings on their hospital sites, it is likely therefore that teaching accommodation in a Trust building would have to be rented by the College of Health.

## **Case Study 2**

### **Introduction and background**

This case study was undertaken in a College of Nursing in February 1995. The focus of the study was a part-time certificate level programme for enrolled nurses, leading to registration as a sick children's nurse. At the time of the study, incorporation of the College into higher education was imminent.

Amongst the staff there was a strong desire to increase flexibility within the programmes offered. However, new initiatives and innovations in programme design had been put 'on hold' until incorporation had taken place.

### **Planning and history of the programme**

The development of the programme had been a joint venture between Trusts and College. Full-time conversion programmes for enrolled nurses had been offered by the College for some time. It had become apparent, however, to both the College and the local Trusts that some nurses were unable to follow a full-time programme due to family commitments. It was anticipated that the provision of a part-time programme would increase the educational opportunities available to enrolled nurses, as the programme was planned in a manner which enabled participants to study, whilst continuing full time employment as an enrolled nurse.

## **Details of the programme**

The programme, which was not CATS-rated, was delivered over a three year period with three terms per year. There were nine modules in total. However students were able to apply for recognition of prior learning, in order to gain a reduction in the content and/or length of the programme. Information was made available to all prospective students on the College's AP(E)L scheme and the documentation covering the process for securing accreditation for prior learning was clearly stated.

Details of the programme taken from documents published by the College, are given in Appendix 10.

## **Collection of data**

Interview data were collected from eight individuals:

Education manager - concerned with the planning, administration and quality issues of the education programme being studied.

Teacher - co-ordinated and taught on the module which the students were undertaking at the time of the case study.

Student 1 - had come to Britain in the 1970s to start a nurse education programme which lead to the qualification of enrolled nurse. She had specialised in paediatric nursing shortly after qualifying but until now had not been able to consider undertaking specialist education as a result of child-care commitments. This student had been part of the programme planning team.

Student 2 - had previously worked in a Trust in another part of the country. She had moved to the region and started working for a nearby Trust two years ago, specialising in nursing in the operating theatre.

Student 3 - had been working within a nearby Trust for almost ten years. She had first worked for the hospital Trust as an agency nurse but for the past three years she had been a member of staff and was now based in the intensive care unit.

Clinical manager 1 - responsible for the management of the paediatric neonatal and intensive care unit. This responsibility included financing the unit as well as managing staff.

Clinical manager 2 - manager with responsibility for the anaesthetic and theatre unit.

Clinical ward manager - responsible for the management of a 15-bedded ward and an out-patient's department for private patients. She was responsible for the management of the staff and resources for patient care as well as for monitoring the quality of care provided.

### **The dimensions of flexibility**

The dimensions of flexibility of this module, as reported by the education manager in the completed Dimensions of Flexibility Questionnaire, can be found in Appendix 11. The following is a summary.

#### *Access and Provision*

The programme only ran when a minimum number of students enrolled. It was offered at one location with only one starting date per year. Nevertheless there was a negotiable finishing date, within a fixed time span. In order to obtain a place on the programme students needed specific qualifications and experience. However, evidence of learning from appropriate experience was accepted e.g. AP(E)L. Students were able to negotiate the timing of the programme although flexibility here was somewhat limited as sessions were only available during normal working hours, that is Monday to Friday 0830-1630 hours. There was a requirement to attend an educational establishment for some of the programme learning activities, but students were able to select any one of a limited range of

modes of study throughout the programme. Payment had to be in full and the transaction had to take place at a fixed point of the programme.

### *Teaching and Learning*

The content was negotiated to meet the students' needs and exemptions were allowed for prior learning. Modes of teaching and learning included activities such as lecturing, note-taking and reading prepared materials, as well as discovery learning and participatory exercises. The resources for teaching and learning included teacher/trainer, specialists and peers, texts, resource centres, libraries, visits to clinical areas, learning packages supplemented by tutorial and peer support as well as video, CD and computer software. Tutorial support was negotiated as required and took the form of face-to-face contact, written correspondence or communication via the telephone. This support however was restricted to working hours only.

### *Assessment*

Assessment took place more than twice during the programme with fixed and negotiated submission dates. The method of assessment involved a variety of written assessment evidence, some of which was negotiated between student and teacher. Assessment of practice was based on the individual student's learning

needs. The criteria for this assessment was therefore negotiated between student, teacher and assessor.

From the questionnaire data and from the case study data the following dimensions of flexibility were explored in detail:

- entry requirements
- time of the programme
- module/programme choice
- starting date of the programme
- content of the module/programme
- range of mode of study
- resources for teaching and learning
- access to teacher support
- pattern of summative assessment of theory
- method of summative assessment

### **Access and provision**

The programme was available to enrolled nurses who had had a minimum of one year's experience in the health service, working with children. Enrolled nurses applying for a place on the programme had to be currently working in a paediatric setting and had to continue to do so for the duration of the

programme. Applicants could be working full or part-time, but if part-time they had to be able to fulfil the clinical requirements of the programme within the time allowed. In addition, applicants had to have the support of their line manager and director of nursing services, together with an assurance that their seconding Health Authority or Trust was prepared to provide some, or all of the required practical experience. The Trust also had to be able to provide a practitioner to act as a clinical facilitator. For this they needed to ensure that the individual identified met the College criteria for such a role. Written commitment from the Trusts indicating support for the students was required by the College as stated by the first clinical manager interviewed.

*'They (the College ) give some initial paperwork which requires the prospective student to identify who their manager is, whether they will have managerial support for seeking other clinical placements, and then I have to sign to say that I will provide an appropriate member of staff to supervise and assist the programme member right the way through in terms of meeting the required number of hours. And also that person has the responsibility of supervising assignments and helping to meet assignment deadlines.'*

Applicants were interviewed by the College before being offered a place. There was one intake a year for this programme with a fixed date of entry for students; however the AP(E)L scheme allowed for potential individual finishing dates.



One of the students had been able to defer starting the programme until the following year, due to family illness

There were three terms per year and one study day per week. However, as a group the students had the opportunity to negotiate both starting and finishing times of the study days, as well as periods of annual leave. In addition to this the students were also able to negotiate independent study/reading days. On these days students could study where they wished and did not have to physically attend the College site.

*'I both negotiated the time that they wanted to start and the time that they wanted to finish. The majority are mothers and want to get away to pick up their children. We also arranged the holiday around half term to make sure that was as accommodating as possible to mums who might not have the time off'*  
(Teacher)

This negotiation was endorsed by all three students:

*'in my group you have got girls from (Town 1) which is quite a long way and we turn around the timetable so that we start earlier have less break time and finish earlier in order to give them time to get back to (Town 1) travelling.'*  
(Student 1)

*'There is some negotiation with that (holidays). I think what it's actually worked out to be doesn't really apply to me because I haven't got children, but its actually aimed at those that have. So it's around half term you are able to negotiate school holidays and things like that, they're quite lenient on that.'*

(Student 2)

For those students who had families to consider, this flexibility was very important and meant that they were able to organise child care around their study days and time spent in College. Allowing students to negotiate both the timing of study day and dates of holidays however, had implications for the work pattern of those members of the teaching staff responsible for the module/programme. The module teacher interviewed appeared to accept that in order to meet the needs of the students, she needed to be flexible herself. She appeared extremely committed to being responsive to students' needs and therefore more flexible in her approach to her work. The education manager indicated that there was no formal policy which required module teachers to take such an approach, although staff were fully aware of the level of autonomy that they had when they became module leaders.

*'The staff don't mind at all. I think, because it is a fairly new programme this is a totally new idea of working for them, its negotiation on such terms like this. The staff here sign up to be module co-ordinators. It is up to them to interpret*

*the curriculum, plan the timetable, negotiate with the students, evaluate the module.* ' (Education Manager)

Students were expected to attend eighty per cent of the College sessions. This was to meet the requirements of the English National Board. There was a limited amount of leeway, however, if students were, for example, ill or unable to attend due to family commitments. When such a situation arose there was a sense of mutual support and care demonstrated by other members of the student group.

*'If somebody is ill we try to take the literature to the person or you discuss it with the module teacher and she helps. It's very flexible hours, not sort of strict but they (the College staff) would really like 100% attendance.'* (Student 1)

It is interesting to note that this student's opinion that the College staff wished for 100% attendance was not shared by the other two students.

Funding allocated within the Trusts for continuing professional development varied from unit to unit. The clinical managers indicated that it would not be possible in the future for students to be fully funded by the Trust due to financial constraints. All three students interviewed however, had secured Trust funding.

## Teaching and learning

The programme consisted of nine modules. However, AP(E)L, enabled some students to obtain a reduction in the length of the programme. This could be up to 75% of the total programme content. Clearly written information about the College AP(E)L scheme was available including the process by which students secured accreditation for prior learning. Teachers had attended study days on the scheme and appeared committed to encouraging the students to use AP(E)L. Interestingly, however, none of the students interviewed had used the scheme.

*'No I didn't actually. I thought I just needed a whole bit of refreshment. A few of the girls in the group did because some of them had just done neonatal care, 6 months or a yearly course actually so they were able to opt out.'*

(Student 1)

The module teacher indicated that the students on this particular programme appeared to require a high level of teacher contact and it had been difficult, initially, to encourage independent learning. This situation may have resulted from students' past experiences in an education system which was mainly didactic in style. In addition to this, enrolled nurses have often been undervalued by other qualified nurses and health care professions. This then may have increased this sense of insecurity and lack of self-confidence in some individuals. The apparent lack of confidence may also account for the limited

numbers of students who had used the AP(E)L scheme. The uptake of AP(E)L was however becoming more popular.

*'It (AP(E)L) is increasing. The very first intake in '93, I think we had 4 out of the 19. The second year we've had 6 to 8. They need an awful lot of encouragement and help. It is not easy as all AP(E)L schemes aren't easy and because it requires a lot of work and a lot of foraging around for evidence, it has put some people off. They'd rather sit there and do the full sentence of three years rather than go to all this effort, but I think it's going to get better once people out there realise that AP(E)L schemes are a feature of most new courses and it's actually to their benefit. We introduce them to the scheme on their interview day and we have some one tell them all about it and get them started then. So they have actually six months before they start the programme in principle to think about it. Most of them are AP(E)Ling out of practice just because its this sort of group. Not many of them have got theoretical certificates that they could come up with.'* (Education Manager)

The content of the modules was not prescribed in detail. The curriculum contained an outline of the subject areas to be covered by students; however, within those subject areas there was some degree of flexibility. Students were able to negotiate areas of particular interest to themselves or to the group or indeed areas which were of current interest to the profession.

*'For example, just after Jamie Bulger, I think we all found that that week most of our sessions had to accommodate that in some way, to look at it if we were doing an ethics session or community session it just had to come up and be addressed.'* (Teacher)

The students had recently decided that they wished to visit a Trust which provided care for children with special needs and they had negotiated and arranged this themselves. For one of the students in particular, this visit had been very helpful. She had spent some time in one clinical placement working with 'handicapped' children. This whole experience had stimulated her interest in children with special needs. If the students identified a topic area which they wished to cover and which was outside the expertise of the teaching staff, then appropriate individuals would be 'brought in' to meet the students' needs.

A variety of modes of learning was available to the students and this was made explicit to them at the start of the module. To date however, no student had discussed the use of alternative modes of learning with the teacher. The students' apparent insecurities concerning independent study could have accounted for this.

In recent months there had been a reduction in the number of teaching staff at the College and replacements had not been made due to the uncertainty of requirements within higher education. The reduction in staff had increased the

workload of teachers, especially with respect to their role as personal teachers.

All the students interviewed had been allocated a personal teacher who was available to them inside working hours. Students did not have the home telephone number of their personal teachers. The system appeared to operate fairly well. Some personal teachers, however, were more accessible than others, largely as a result of differences in workload and location.

*'Well, my personal teacher, he's got a bleep so I am free to call him at any time. I can ring to see him, if he is not available, he's got an answering phone and I can leave a message and he will be able to contact me on the ward or at home.'*

(Student 1)

One student had found it a little difficult to access her personal teacher because the teacher was on annual leave for, what had seemed a considerable period of time. The student expressed the view that this particular teacher was *'a busy person'* who had commitments to teach on a number of other programmes. One of the clinical managers interviewed expressed some concern that the students were not always receiving the support which she felt they needed. She offered an example where there had been a substantial time lapse before a student received feedback from the personal teacher on a piece of written work, which the student had taken considerable time and effort to produce. The students were however able to access other teachers in the College including the module teachers, and overall, they did not feel unsupported. Most of the students on this

programme were worried about their written work and their lack of perceived ability in this area. However, they reported that they had been given *'a lot of help on how to write essays and how to reference.'*

The library opened between 0830 and 1730, Monday to Fridays. It appeared that most students accessed the library during the days on which they attended College.

*'The librarians here are very helpful and there is quite a lot of articles that are kept which you can photocopy. There is a computer down there which you can actually look up research and they (the librarians) are more than happy to show you how to use it.'* (Student 1)

The students arranged their study around the opening times of the library and access to the library had not proved a problem for any of those interviewed.

*'I just work around it and get what I want before the weekend. If you are looking for a particular article that isn't there you can always ask the librarian to get him to 'phone you and let you know if it is in or not. If you want a special photocopy they will do the photocopy for you, you pay them. So at the weekend you make sure that you have all the things you need.'* (Student 1)



## Assessment

### *Assessment of theory*

The programme was divided into two parts with a total of six summative assessments, two of which were unseen papers. There was only one formative assessment. If a student was having some difficulties with a particular area of study, additional formative assessments would be negotiated between teacher and student. Students found the formative assessment very useful because it had helped them with their literature searching and writing skills. This particular assessment had also enabled them to realise that others within the group were anxious about such issues as, for example, their lack of experience in using an academic writing style. Overall the progress of this group of students had been good and none of those interviewed had undertaken any additional formative assessments.

The summative assessment process offered the student some choice in the subject matter of assignments. It was possible there for a student to explore a particular area of interest as part of the summative assessment process.

*'Yes, it's very open. Essentially it's looking at a demographic profile of the area that they are doing, like community experiences. So, it is looking at issues like demography, epidemiology. It's looking particularly at the provision for special*

*needs children. Now that special need can be interpreted however they wish to. If they want to look at child who lives in poverty; a child who has a particular chronic illness; a child who is on the 'at risk register' they can open that out, or a child with a traditional special dilemma and disability so that is very open to interpretation and also the way in which they want to identify need, explore that need, look at how they would access and use health promotion for that client group. Yes it's very open and we would encourage them to be. I have to say that within an assignment if a student can actually reflect wide reading and can show me she has thought about it and has handled it in an individual way and relates it to practice I am very prepared to look at that, mark it quite sympathetically, provided it answers the question. ' (Teacher)*

### ***Assessment of Practice***

The special nature of this programme allowed students to continue working in their normal area of employment whilst studying. The practical experience which each student required was calculated on an individual basis and took into consideration their past experiences and their current area of work. By the end of the programme, students had to have had experience of caring for children, between the ages of 0 -16, in both community and hospital settings. There were two practical assessments during the programme and these were undertaken in terms 5 and 6. At the time of the case study, however, the students had not yet reached this stage of the programme.

Students studying this programme came from Trusts spread across a wide geographical area. The College provided the theory base for the programme but most of the clinical experience was gained back at their own hospital. Students had a clinical facilitator to help them with their learning in the clinical area. This individual was also responsible for assessing the student's clinical performance. The majority of the clinical facilitators had undertaken the ENB programme 'Teaching and Assessing in the Clinical Area'. However, in order that these facilitators understood the programme being studied, the College arranged study days.

*'They come in before the programme starts; a year later we will probably get them in again to evaluate it. As we've been going along I've found that what I'll be doing next is giving the instructions to the clinical facilitators at the same time as the students get it because I have been teaching them separately and I think they'd actually benefit from the pair of them being there and being involved.'* (Education Manager)

Students were able to choose their own facilitators, but before a student would be accepted on the programme, their employing Trust had to demonstrate that there was indeed a suitably qualified nurse for the role, working in the relevant clinical area.

*'it was very much getting my agreement as manager to provide whatever resources would be required by the students, not only in terms of time away from the unit itself but also in terms of the sort of supervision and programme assistance that can be given by members of staff in the unit and it was my responsibility to make sure that we provide people with appropriate qualifications to act as supervisor for that person.'* (Clinical Manager 1)

The managers signed a College document which formed a 'contract of agreement' to support the student and meet the student's clinical education requirements. In this way, the College was protecting the interests of those nurses studying the programme. The ward manager, in this study, acted as facilitator to a student working in her clinical area.

*'I am her supervisor. I don't work every shift with her. My students actually work Monday to Friday which was certainly pre-arranged a long, long time ago and she is to work all early shifts. She does work the odd late shift due to, like everywhere we are short of staff so she will change to a late shift. She has continued to work the way that she used to work as a member of staff, as a member of the ward team and she is a very valuable member of the ward team. I think that's one of the things we keep telling her. Because she has only just started the programme but she is coming back with things and saying "Oh what I have been learning about this", and I think she is learning about health, so she was saying health, it wasn't health and the nation it was something similar to*

*that. It's interesting to hear her coming back to talk about it and she is sharing information which is very good and I think it makes her feel more valued. She is continuing to learn new skills along with all of us because we have all got new skills that have come in. We all have to learn how to take blood samples and she's continued to develop with that and in that role I am very much her facilitator. I know that when it comes to assessments she has to do an essay, she brought it for me to look at before she handed it in.'*

It was sometimes difficult for both the Trust and clinical staff to acknowledge that a student, in her own place of work, was indeed a student. The students on this programme were qualified nurses who had often worked in a clinical area for a number of years and were seen therefore as part of the clinical team. In contrast to this situation the student referred to above was acknowledged as being a student on a professional development programme and staff were encouraged to support her in her studies.

At the time of the case study, the students were in community placements which they were expected to arrange for themselves. There was no set time for this placement so arrangements could be made to accommodate the needs of their managers and work areas.

*'she (student) has asked me what did I see would be feasible. Did I want her to go a week, every now and again, or, should she do the four weeks together.*

*Myself and the student were able to work around what suited us better.* ' (Ward Manager)

Students could negotiate the geographical location of the placement and, if appropriate, this might be outside of the student's own Trust. Actually securing a placement was not always easy for the students.

*'Concerning placements it depends on where you live. We have to try and organise our own placements with certain things, because with each of us it's dependent upon our past experiences and the College have to sort out what you need to do. Some of the girls have found it a little bit difficult finding placements, again depending upon your area because you 'phone this person and they say "it is not me it's the manager" and you have written off to the manager and it takes a little while for them to answer. Some areas just don't want to know. Some are even asking you to pay to go out with a health visitor . I have to do my community special needs and she (the ward manager) said to me, "May is a quieter month so that would be the best time for you to try and find a placement."'* (Student 1)

Community placements had to be undertaken between the months of January and August, the last eight months of the first year of the programme. This gave some flexibility to both the student and her ward manager, hopefully meeting the needs of the student as well as those of the manager in maintaining a

balanced skill mix in the clinical area. Students were encouraged to negotiate the placements close to their own homes in order to reduce travelling and make it easier for them.

*'It is actually aimed so that you can follow the health promotion within your area where you live, but you can actually choose the area you want to. If I really wanted to, I could follow my home area, which is Wales. So it's quite flexible.'* (Student 2)

The students liked the fact that they were able to decide in which locality they undertook their community placement; this offered them the opportunity to choose a locality close to their home. However securing a community placement was difficult as there were currently a number of education programmes which required students to undertake a community placement. This put obvious pressure on community staff and often priority was given to students undertaking initial nurse education programmes.

## **Evaluation**

There was an evaluation strategy which covered all modules/programmes within the College and the evaluation took place at both a formal and informal level. Data were collected formally, using an unstructured questionnaire, at the end of

part 1 and on completion of the programme. Informal evaluation occurred on a day to day basis and enabled minor problems to be resolved.

*'After the first module there were 13 topics we thought that we didn't need at that time or there were some things that we could have had at another time. We did voice that opinion and they (the College ) have made changes but they did put their side of it that the tutors had to get the lecturers fitted in. '* (Student 1)

The module teacher also indicated that she gave the students the opportunity to evaluate her own sessions which provided her with 'instant feedback' so she could respond to the students' needs.

*'What I always say at the beginning of a session is that I planned this session this way, but if you actually find that it is tedious; that you would like me to apply it a bit more to practice, or, you would like me to attack it in a slightly different way, tell me about it because I always give myself the breadth that I can take turns and deviate and go up different avenues if that's appropriate. At the end of the session it is just a very informal, "what was that like? How did that go was that OK?"'*

The point at which formal evaluation of the programme took place, had not yet been reached, however one manager commented:



*'There is fairly regular and I think good communication with the programme manager.'* (Ward Manager)

Because of the timing of this case study, the students were, unfortunately, unable to comment on the formal evaluation process.

### **The impact of flexible modes of learning on educational experience and achievements**

Students stated that they had only been able to study the programme because it had been part-time. They did not have to resign from their current posts and this gave them job security. Although there was no guarantee that at the end of the programme they would be offered a post as a registered sick children's nurse, they would be able to apply for such a post if it arose. Job security was very important as one student explained very succinctly.

*'Because I have got a family, at the time I was the main breadwinner, there was no way that I could leave my present job, even though I wanted to, it was important that I did do the programme, to actually say "Right I am going to do this." But at the end of the day, on a full time programme there was no guarantee that I could get a job at the end. I couldn't put myself in that position. This is the ideal way to be able to do it.'* (Student 3)

For these students, being able to access the programme had already had an impact on their nursing practice.

*'It made me just think about what we do. I think now I would be able to say put theory to practice there is not always the ability to explain what you do even though you know what you are doing. And I think that is a drawback to an enrolled nurse. I try now whatever I am doing I know the rationale behind and I know there has got to be an explanation. You just don't take it for granted. Whereas before I have done it that way but you begin to relate it to theory.'*

(Student 3)

Overall the students were very enthusiastic about the flexible nature of the programme and the opportunities it offered them.

*'I sat on the committee for planning the programme. We planned different aspects; what was best for the ENs to do on the programme. That was very constructive, we met once a week and did a format and worked it all out. I could have started mine (the programme) earlier on but my husband became ill, so I had to put it all back on hold. He's much better now so as I said now was the right time to start. Because I'm the breadwinner of the family, I opted to do the part time conversion programme. Since joining the programme, it's been very uplifting for me and very educational. I think it's going to make me a better nurse in all respects. It's very flexible. We have got quite a lot of study time and*

*we were given the plan for the whole three years so we know exactly where we are. Being flexible is the key to a lot of it actually and being able to negotiate.'*

(Student 1)

### **Management of flexible learning**

The teachers had considerable autonomy but were formally accountable to the education manager. Module teachers such as the one interviewed here were responsible for delivery of the module and there was a degree of freedom within that delivery. Flexibility in teaching and learning had emerged within the College in recent times.

*'I think there is a great deal of flexibility particularly in this programme. Other programmes are not so flexible. I think they are set more in tablets of stone, the sessions are identified. I feel that we've increasingly, over the last two years, been given a gigantic amount of autonomy and I have a huge amount of flexibility in actually delivering what I think is appropriate and what is appropriate to the needs of the students. That is enshrined not only in the written evidence of the curriculum, but also in team meetings and stuff like that.'*

(Teacher)

This was the first time this programme had been delivered and the module studied was the first module of the programme. The College clearly intended to

give the nurse teachers increased freedom and autonomy within the programme and were confident about doing so. The education manager commented that the College had some very experienced staff and spoke of 'advertising' their resources and the range and mix of expertise they had to offer. If the College did not have the necessary resources or expertise to respond to the students' requests, individuals who did have the expertise would be approached and asked to help meet those students' needs. The manager referred to this style as the '*we know a man who can*' approach.

In the past, when a member of College staff resigned, her/his replacement would have been someone who had the specific skills which mirrored those of the departing individual. That was no longer possible as the education manager outlined.

*'We can't afford that luxury. Certainly when we designed the curriculum we had a very healthy staff/student ratio and that has altered due to changing circumstances. I think, for example, something like aromatherapy, or complimentary therapy, is a good example. We have two people who were prepared to run modules and since then one of them is just too busy to do it any more. And so that was lost as an option. So rather than the whole module on it, we may be able to run a few sessions, just as a taster.'* (Education Manager)

Regular meetings between the teachers and the education manager took place to discuss matters arising as a result of the flexibility of the programme and the level of discretion and freedom given to the teachers. The education manager considered that this was an important part of her overall role. She also met regularly with the students so that if anything was causing concern

*'we could sort it out before the end of the module and if things are going well, well it's worth repeating.'*

### **Communication between College and Trust**

The College ensured that clinical managers understood the expected levels of commitment which needed to be given by the Trust to the enrolled nurse in his/her role as student.

*'I was invited at the very beginning to come and discuss the programme. They (the College ) had a study day at the beginning with a talk on what the programme was and how many days we can expect our members of staff to be off the ward.'* (Ward Manager)

All managers interviewed agreed that the programme met the needs of the Trusts in terms of enabling mature married enrolled nurses to gain first level registration.

*'in terms of allowing me to help the small number of nurses that I've got achieve first level registration. Yes it does. I was going back to when the part-time conversion programme first started I think that was a great advance because we had previously looked at people going off to do the conversion course full-time. It was not a popular option for several reasons, either because it would make it difficult for them to meet their family and social commitments or, because they felt that they would be away from intensive care for too long and become de-skilled and in some cases was; there was also financial implications. So the part-time programme was a great advance and it definitely has meant if I think about staff in my units doing it at the moment they both have family commitments and I don't think either of them could have done it unless it was on a part-time basis.'* (Clinical Manager 1)

Students, other than those working in operating theatres, could study the programme whilst continuing to work in their own clinical areas. This was an attractive feature of the programme for managers who had to balance the need for continuing professional development, against the need to maintain a patient/client service. However, the managers felt that they would not reap the true benefit from the programme until these first students to undertake the programme, had qualified.

The potential benefits of this programme to both students and Trusts had been brought about as a result of good communication between the College and

Trusts. The addition of a student to the planning team indicated a desire to accommodate both students' views and needs. The ward manager indicated that her lines of communication with the College tended to be informal. She had worked in the Trust for a number of years and knew the College staff well, so if there was something which she needed to talk to the staff about concerning the programme, she knew whom to contact. There was a general feeling however amongst the managers, that communication was not quite so good as perhaps it had been in the past, and concerns were expressed about the quality of communication in the future, when the College was incorporated into higher education.

### **Case Study 3**

#### **Introduction and background**

This case study was undertaken in March 1995 in a College of Nursing and Midwifery. As with most Colleges of Nursing, this College had been formed by the amalgamation of a number of Schools of Nursing. This meant that the College had a number of sites spread over a wide geographical area. The College offered a variety of educational programmes at post-registration level as well as the pre-registration diploma in higher education with registration for all four branches of nursing. There was an established framework for the ENB Higher Award and modules offered by the College had been CATS-rated by the local University. Although the College was not incorporated into higher education at the time of the case study, this move was imminent. The programme which was the focus of the case study was the BSc (Hons) Advanced Professional Practice/ Higher Award with the emphasis on the flexibility of accessing and studying modules at level 3. This award was of particular interest as students were being 'AP(E)Led' on to a level 3 programme. At the time of the study, however, there were murmurings from the University which indicated that this was not likely to continue after incorporation. Unlike most Colleges of Nursing, this College was to be incorporated into a 'traditional' university in which such practices were not recognised.



## **Planning and history of the programme**

The amalgamation of Schools of Nursing and Midwifery to form this College had resulted in a number of centres offering continuing professional development, spread over a wide geographical area. These centres originally all ran the same programmes but with different curricula and teaching and learning approaches. The senior education manager who took part in this study had been appointed to develop a 'corporate approach' to continuing education across the College and to design a framework for the ENB Higher Award scheme (1). This framework was planned in collaboration with colleagues from the local Trusts. A group of representatives met in a hotel for a weekend to both design and agree the structure of the framework. Modules had then been developed by planning groups, which consisted of College and clinical staff. The latter both represented the interests of the Trusts and ensured that the clinical component of the modules reflected the practices in the clinical areas. When the modules were written they were sent out to practitioners and managers in the Trusts for discussion and feedback.

## **Details of the programme**

This award was available to level one nurses in all four branches of nursing. The programme was divided into two discreet parts. Part one, consisted of six modules; each module explored a professional 'role' of a nurse:

- The effective Communicator;
- The Facilitator;
- The Change Agent, Researcher and user of Information Technology;
- The Manager/Leader;
- The Health Promoter/Care Provider;
- The Autonomous Practitioner.

All six modules were compulsory for the Higher Award and BSc (Hons) in Advanced Professional Practice and each one attracted a credit ranting of 10 level 3 credits. Part two of the programme, consisted of a dissertation which focused on advances in professional practice. Details of this level three programme, taken from documents published by the College, are given in Appendix 12.

### **Collection of data**

Interview data were collected from nine individuals.

Senior educationalist - responsible for the provision and quality of continuing professional development within the College. She had been appointed to design the ENB Higher Award Framework which encompassed the BSc (Hons) programme.

AP(E)L co-ordinator - responsible for the management of AP(E)L within the College including the process of awarding credits.

Teacher - had managerial responsibilities for the framework and for the delivery of the BSc (Hons) programme in particular.

Student 1 - senior nurse manager who had an almost unique role within the Trust in that she spent 50% of her time undertaking a clinical role.

Student 2 - an experienced nurse who was currently working as a clinical nurse specialist, a post she had held for the past four years. Prior to that she was a ward manager and covered the same area of patient/client care.

Student 3 - member of a house team responsible for the care of individuals with learning disabilities.

These students were all taking a 'fast track' approach to the programme which meant that, if successful, they would be awarded the degree within two years.

Student 4 - mature nurse who worked in an acute care setting, a day surgery unit. This student had decided to plan the number of modules she would study each year and spread the programme over three years.\*

Senior nurse manager - previously a clinical nurse specialist but in her current role was responsible for the management of the intensive care and cardio-thoracic surgical units. The cardio-thoracic unit had only recently become part of her remit as a manager.

House manager - 'headed' up the house team. Each nurse within the house had 24-hour responsibility for the care of one or more of the residents. The role of the house manager was to support the staff in their roles and to ensure the provision of the resources that were needed.

\*Student 4 was interviewed by telephone. The interview was tape recorded and transcribed in the same manner as the data from other interviews.

### **The dimensions of flexibility**

The dimensions of flexibility of this module, as reported by the education manager in the completed Dimensions of Flexibility Questionnaire, can be found in Appendix 13. The following is a summary.

#### *Access and Provision*

The programme only ran when a minimum number of students enrolled. It was offered at more than one location and the timing of the module was negotiated to

meet the needs of the students. A range of qualifications and experience was accepted including AP(E)L and there was some choice of starting date, for example two or more entry points a year, with a finishing date negotiable within a fixed five year time span.

There was a requirement to attend an educational establishment for some of the programme learning activities but students were able to negotiate to use a mode of study of their choice. Payment could be by direct debit over a period of several months.

### *Teaching and Learning*

The content was negotiated to meet students' needs and exemptions were allowed for prior learning. Modes of teaching and learning included activities such as lecturing, note-taking and reading prepared materials as well as discovery learning and participatory exercises. The resources for teaching and learning included teacher/trainer, other resources and people, learning packages supplemented by tutorial and peer support as well as video, CD and computer software. Pace of student progression through the programme was negotiated between the student and teacher, tutorial support being negotiated as required. This support was available both in and outside of working hours and took the form of face to face contact, written correspondence or communication via the telephone.

## *Assessment*

Assessment took place more than twice during the programme with fixed submission dates. The method of assessment involved a range of evidence negotiated between student and teacher. Assessment of practice was based on the individual student's learning needs and the criteria for this assessment was negotiated between student, teacher and assessor.

From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail:

- entry requirements
- location of module/programme
- modules/programme choice
- starting date of module/programme
- mode of attendance
- finishing dates
- payment for module/programme
- content of the module/programme
- resources for teaching and learning
- access to teacher guidance
- pace of progression through the module/programme
- pattern of summative assessment of theory and submission dates

- method of summative assessment

### **Access and provision**

The programme was formally advertised by the College and posters were distributed to all local Trusts. In addition, the College had organised information sessions which were designed to help staff in the Trusts understand the ENB Higher Award Framework and the opportunities it offered for continuing professional development. The teacher thought this exercise was particularly useful as, on occasions, the Trusts continued to support applications from potential students who did not have the academic background '*to launch into degree level*'.

To gain a place on this programme, students had to demonstrate that they had achieved diploma level knowledge (level 2) as well as having a sound knowledge base in their own particular area of professional practice. Many of the students had heard of the programme through '*word of mouth*' from other students. Some had been particularly drawn to the degree programme because it offered the opportunity to pursue topics and areas of study which directly related to their clinical practice. Potential students were encouraged to talk informally with the teacher prior to making a formal application. This offered the students the opportunity to ask questions and the College staff the opportunity to ensure that the students fully understood the commitment they were undertaking.

Applications were processed through a central office within the College and all potential students received an application form and an AP(E)L pack. Potential students were invited to attend an 'AP(E)L viva' during which the interviewers encouraged the students to discuss their prior learning and to explore whether such learning could be accredited.

The programme operated on a number of College sites and the start of the programme rotated around these sites or centres. This arrangement meant that students were offered the choice of travelling to a particular site to start the programme or to wait until the programme started on a site nearer to their home or place of work. Students had to start the programme with the module entitled 'The Effective Communicator' and finish the programme by studying the module entitled 'The Autonomous Practitioner'. The remaining four modules could be studied in any order the student chose. This meant that if they were willing to travel they were not restricted to waiting for a module to be offered on a particular site, as the teacher explained.

*'A student may access the programme at one centre but by virtue of the fact they've planned their progression through the programme it doesn't mean to say they have to just access it at that centre and wait for the modules to come around again because we're a multi-centred College they can look around the College to see when the next accessible time would be for them and join another cohort there. Now that's an advantage we have being such a large College with*



*multiple sites and that's good. Other people want to start as soon as possible and because we had spring starts they've started in the spring knowing full well that they don't intend to have to travel to say (Town 7) which is over the other side of the region for the whole of the programme and then waiting for it to go back more locally and that's a great, dare I say it, seller, because students who access traditional University programmes do not have that facility. I mean they don't have many of the access facilities that we provide. This is the programme, quite often, and that's it. This is where it starts and this is where it finishes and any extended time, you negotiate.'*

There were fixed starting times for the programme but students were offered some choice here and were able to begin the programme therefore at a time which suited them. This had been particularly important to student 1.

*'I was given the option, this was all last year, to start in March, or the September, but they were quite keen I should start in the March. I was too, initially, but then there were difficulties at work. My commitments were great and I knew that I wasn't going to be able to manage that so I asked to defer to September/October which is what I did.'*

Students were able to 'fast track' through the programme which meant that they were able to complete the programme in two years. 'Fast tracking' meant that students had to access the modules in order, from module 1 through to module 6.

However, students also had the option of completing the programme within five years of the date of registration for the first module. This gave each student the opportunity to plan their study to meet their own long term commitments and they were able to progress through the programme at their own pace and within a time span which was comfortable for them. Finishing dates for the programme therefore varied to meet the needs of the individual student. Although the finishing dates for individual modules were fixed, a student could negotiate more time if need be. This was dealt with on an individual basis as and when the situation arose.

Students were advised to attend the study days as indicated by student 2.

*'I think if you hadn't have attended them, you could have easily got away with attending every other one or whatever. But the thing was that they were giving you information that you would need for your assignments. So it wasn't just a social gathering it was planned lectures for that day. I think I only missed one in that first year due to sickness but I felt that I wanted to attend them. I don't think we were ever told that we could negotiate attendance not that I can remember. We were just given the impression that it was advisable to attend them.'*

At the time of the interview, student 1 was aware that she would have to negotiate her absence from the next study day due to a work commitment but

she did not consider that this would be a problem. However, she did indicate that she did not wish to miss any topic even if she had already covered it because *'I always have the fear I will miss something or they might have a new angle on it.'*

All the students who were interviewed had had their fees paid for them by their Trusts through the regional contract, however this was not the case for all students currently studying the programme.

*'Currently we're in a situation where there is no payment, as such, I say that with tongue in cheek because officially what we've got from our region is that providing we can resource the programme within our current resources then we can in fact. I don't like to use the term free of charge but of course without it, we incur indirect expense on the student or the Trust. However, having said that, that's only for people who are moving within the (College) catchment area. For those outside of the (College) catchment area we do charge and currently there is a cost of £1300 for the whole programme. There are different ways of paying. We have most of those who are funding themselves from outside the (College) catchment area paying on a sort of Direct Debit basis over a period of time. We are also in a position I know that one or two students are getting 50% funding and 50% from themselves.'* (Teacher)

## Teaching and learning

The students were able to negotiate a proportion of the content of the modules. However, the teacher explained that students sometimes had difficulties with this arrangement.

*'We start off with a set content. I think it's true to say particularly, obviously when the programme was first up and running we had a set programme but we've evaluated and we've reviewed on the evaluation. Many of the modules have undergone quite a lot of change but I think overwhelmingly the vast number of them have just made minor changes on the basis of the evaluation. I think one of the problems is that I don't think students know what they should expect and they taste the module and they assume and I think this is true to say, that this must be degree level. This is what's in it, this must be what a degree's about and they start off the programme a bit like that, even though we say "tell us if there's anything that's not quite right in terms of your needs, let us know." But as they progress through the programme I think they become a little bit more aware, a bit more assertive or whatever, and hopefully that's part of the learning process or whatever, and they begin to say, "Well I would have liked a bit more on . . . . ." So those modules that may be criticised, interestingly enough, I don't know whether this is phenomenon - or I've changed - tend to be the later ones when the students have developed or have moved on and probably realised that degree level learning is not about it's content but the level of*

*thinking that's important and the way they articulate in intellectual material and then they begin then to realise that the content itself is about their needs as much as anything else.'*

Students did not all agree that they were able to negotiate the content and the majority considered that the content was fixed. One student however indicated that there was an 'openness' within the programme and modules and if anybody had a strong desire to pursue a particular topic then the openness to negotiate was there. It was evident, however, from the students' comments that, to date, none of them had attempted to negotiate either the content or the mode of study. The students did however agree that they were encouraged to participate in sessions and this they valued.

Resources available to the students depended on the location of the College site on which they were studying and the location of their home and work. The College expected that the students would produce type-written assignments. One of the students interviewed had purchased a word processor. Word processing facilities were available in the College but the inconvenience of having to travel to a College site in order to use them meant that purchasing her own was preferable. For this individual, the purchase represented a considerable outlay which had significantly affected her finances. Student 2 had indicated that the library resources had caused some problems.

*'Well I certainly think there was a lack of books. We always seem to be fighting over the same books and in fact most of us ended up buying a lot of the ones that you needed. You just couldn't get hold of them. So that was the biggest problem. Things like Cinahl, CD-ROM, they were all very easily accessible, there was not a problem with those. Journals didn't seem to be a problem either, it was just mainly the text books.'*

Students were free to use the facilities of all College libraries as well as the University library. In addition to this, there were often library facilities available on the Trust sites. Problems had arisen because some topic areas were common to a number of study programmes, for example, 'communication'. Texts on these common topics were in short supply which meant that often a large number of students would be 'chasing' a limited number of books. One student had decided to purchase the books necessary for this particular module because she had not been able to obtain the books from the library at the time she needed them. At the end of the module she had been left with books that she felt she would never need to use again. Library opening hours did not restrict access. Overall, there was always one library which was open until 20.00hrs although this sometimes meant that students had to travel in order to use the facilities. Student 4 had found the librarians generally unhelpful at the University library although here there was a greater selection of material. This particular student preferred to use her local library where the librarians were very keen to help all students although the amount of material available was

limited by the size of the library. Inter-library loan facilities did operate over the College sites so it was possible for students to access the material they needed even if it was not available in their local library.

On average, three or four teachers were responsible for the organisation and delivery of each module and these teachers also provided the academic support for the students whilst they were studying the module. Students also had a personal teacher who provided continuity of support throughout the programme. The teacher felt that there were additional aspects to the role of personal teacher, because of the ENB Higher Award. These included the need to promote academic learning and reflection, the latter enabling students to complete their personal portfolio. Whilst three of the students interviewed were very clear about this support system, Student 2 appeared unclear about the role of the personal teacher.

*'We have a personal tutor per module which is usually one of the tutors. There is often two or three tutors per module and they would divide the group up between them so that you've got access to them throughout the module and throughout your assignment to go and see them. There wasn't one set person for the whole year. There was, I'm not quite sure what you would call J. I suppose she was my personal tutor who I could go to if I'd got any problems. But mainly the tutors per module kept you with them. So I could have gone to J at any time*

*if I'd felt there was a problem because they knew what the content of their module was they felt they were better able to guide us. '*

All students were given written information on the role of the personal tutor, and it was entirely for the students to decide whether or not they would use this support system. A number of personal teachers and dissertation supervisors gave the students their home telephone numbers and some offered the students tutorials on Sundays. None of the students interviewed had had a great deal of contact with their personal teacher but they did not feel unsupported in any way.

Most of the students on this programme had chosen to use the 'fast track' option and complete the programme in two years. It was possible for students to devise their own study plan and had five years to complete the programme from the time they registered for the first module. In this way the students could pace their study to meet their own needs and to fit in with their home and family commitments. There was also some flexibility in the time span within which students were expected to complete a module although this flexibility was limited.



## **Assessment**

### **Assessment of theory**

Students were required to complete a written assessment for each module and in addition they also had to produce a dissertation as the final component of the programme. The module assessments were a standard length of 2500 words, maximum. However students were able to negotiate the nature of the assessment, as the teacher explained.

*'We do however, encourage alternative modes of assessment. Because of the negotiable aspect of the programme we do encourage students to be looking at their clinical practice area and look at perhaps what might be useful to their Trust, to their specialism and also to themselves in terms of the degree programme. Also we have to consider this is the Higher Award as well and about integration of the 10 key characteristics. So we have a liaison process where I've introduced a scheme where the student talks over possible areas of assignment with their clinical verifier, who's from their speciality, and agrees a rough outline or area where they might wish to tread and then they come and talk to the academic supervisor over the feasibility of this particular focus and if it's agreed, by all three parties, then we have a form, an agreement and signatures are put on it and subsequent tutorials are monitored for that and changes made accordingly. They are negotiable, as I say, and the students then*

*can respond to Trust needs. For example, we had one midwife whose own Trust required a video on underwater births and we get quite a number of clients wishing to have this particular mode of delivery. But there was no information in the Trust outlining a health education basis what was involved. So one of the Trust managers mentioned this to the student, the student got very excited about the idea, she developed a video and demonstrated the process with some accompanying literature and she did an analysis and a justification for the video and she presented both; one to the Trust for them to use as health promotion and one for assignments. So that was good. Another one, for example, was already wanting to implement an audit document for the Trust, for a clinical area. She wanted to evaluate its effectiveness which she did, and she did that for the Trust and she presented it for one of her assignments.'*

Here students were being encouraged to use the assessment to develop a tool for example which would be useful to the clinical area and therefore the Trust. By linking assessment work in this way, Trusts could see some benefit for them from the degree programme. Such measures possibly encouraged the Trusts to support further individuals on this programme. Here was an example of a College of Nursing and Midwifery working with Trust staff, not only to enable professional development but to enable major developments in the delivery of care. In addition to this, students were able to choose the mode of the material to be presented for assessment.

## **Assessment of Practice**

Practice skills were not assessed at degree level during this programme.

Students continued to work in their own clinical area. Each student was able to choose a clinical verifier who worked in the same clinical area as themselves and who had 'expert' clinical knowledge. The verifier's role was not to assess clinical practice but to verify that the student was integrating the ENB 10 Key Characteristics into their clinical practice. In addition to this the verifier was responsible for assessing that students were extending their knowledge base in the appropriate areas of clinical practice, so achieving the learning outcomes for the Higher Award. Students subsequently provided evidence of achievement of the 10 Key Characteristics within their portfolios.

Students identified the person they wished to be their clinical verifier and notified the College. The chosen individual then attended the College for a one-day induction programme which covered details of the BSc (Hons) programme, the role of the verifier, reflective practice and the construction of portfolios. The College staff and the verifiers met three times a year to discuss developments within the programme and these meetings also served as support sessions for verifiers when necessary. As the theoretical assessments for each module and the final dissertations were closely linked to the students' clinical practice, verifiers often helped students with their written work as student 1 described:

*'Well obviously being a manager I actually manage anybody else that has any input into this particular specialist topic area. But very fortunately, one of my colleagues comes from a nurse teaching background and is probably as knowledgeable as me about the actual subject of genetic counselling. I have no problem at all about going to her to talk through anything I wish to talk through and she doesn't have any problem about critiquing my assignment. It's all quite constructive.'*

The ability to choose her clinical verifier had been particularly important for this student. The College suggested that the students consider choosing their immediate managers to be their verifiers. However this particular student was herself the nurse manager of the area and her managers were medical personnel. It would therefore have been inappropriate for one of them to act as her clinical verifier. Choosing a nursing colleague who was also a member of this student's staff was, in this instance, more appropriate.

The two clinical managers who were interviewed were acting as clinical verifiers for members of their staff. Neither manager could remember a great deal about the verifiers' induction day with the College staff. The house manager appeared very unsure of his role and felt that the process for him and the student had not been that successful.

*'Truthfully, I suppose it's not that successful in many respects. Partly because I'm not dealing with a student, I'm dealing with somebody who is well able, to all intents and purposes, to implement the theoretical work that is being covered on the BSc applying it to here. I would say that it was something that I probably overlooked going back to the beginning of the course. We picked it up a little later on when they were asking for people to verify. I mean in real terms I'm not doing a great deal of that.'*

An information pack was available for clinical verifiers detailing their role and the teacher had clearly indicated that he could be contacted should there be any problems with ambiguity of the role.

Although the other manager did not have a clear idea of her role, she had taken a partnership approach with the student, which she felt was working well.

*'Well, as this is the first student we've had and I don't know, this is I'm sure, partly my fault and partly her fault or whatever, but I maybe feel as though we don't meet as formally as maybe we could or should. But that's not to say that I don't know what's going on because the student does come to me. For instance, with an assignment recently which was about health promotion and because I'm working in an acute speciality in intensive care, health promotion always sounds like one of those slower more chronic things that you do in the community. So she was racking her brains and we thought, "Oh dear, what do*

*we do about health promotion in an acute speciality like this?" And so she required some help in thinking about how could she tackle this assignment so she came and discussed it with me and off the top off my head I couldn't come up with anything either. So what we did was, I took a copy of her assignment or the choices of assignment that she had and I went away and had a big think myself about how I thought it would be relevant and came back to her with a couple of options. One of which I thought was potentially quite exciting, looking at a patient with chronic respiratory failure who is partially on home ventilation and who had major psychological problems whilst they were here, and wife and family, and the whole thing, and was here for a long time and so on and so forth. I suggested that might be an interesting case study to look at the health promotion aspect of a patient like that. You think that you don't do it here but you do, but it just required a bit of bigger thinking. So between us, we discussed that and she could see the relevance of it and once I'd thought about it, it would be interesting and relevant to our area. So there is a dialogue there. So I do feel in touch but maybe it's in a more informal way and I am not quite sure if it should be more formal. But I certainly feel in touch with the student.'*

This had been the first time this manager had acted as clinical verifier for a member of her staff undertaking this programme. She had felt that she and the student should have met more formally, sitting down together away from the clinical area, to discuss the student's progress. However the support given to the student by her manager had to co-exist with meeting the needs of the clinical

area and delivery of client/patient care. Therefore the process had been one of brief discussions and identification of potential difficulties. Student and manager would spend time separately thinking about issues and difficulties, meeting again briefly to discuss possible action to resolve the problem. Whilst the student had found this process helpful, the manager felt this process was '*informal*'. She felt guilty because she was not able to offer the student more time to sit and discuss and resolve issues '*formally*'. The two students to whom these two managers were clinical verifiers had no problems with the arrangements and felt happy with the relationship they had with their verifiers.

## **Evaluation**

The modules and the programme were formally evaluated as part of the College evaluation strategy. This formal evaluation took place at the end of each module, at the end of each year and at the end of the programme. However, the module leaders frequently spent time with the students listening to their comments on their education experiences. All module leaders were quite willing to change sessions within the modules to meet the needs and circumstances of the students. The teacher responsible for the BSc (Hons) programme offered an example of how the College had responded to the comments of this particular group of students.

*'One important one was the interpersonal skills which we have a very, very well qualified group of teachers teaching it and they did start off doing a lot of experiential stuff, as one does in a first course situation and the students actually said they felt that that was good but they had a problem with the theoretical framework in which this experiential learning was taking place and opted or wanted less of the experiential and more theoretical input which was basically, they wanted to be a bit more didactic, and so it did have an impact on the content as well as the delivery I think. That's what I felt mostly in mind because the teachers then went back as they were going through the programme they altered it in line with that but had a rethink for all the subsequent module/programme.'*

Overall the students felt that the College listened to their comments and responded appropriately. The students valued and appreciated 'being treated like adults' during the evaluation process. One student however did raise a query regarding the evaluation questionnaire:

*'I've never been entirely sure that it was asking the right questions.'*

However this student was rather vague about what the right questions should be.



## **Impact of flexible modes of learning on education experience and achievements**

The main impact of the flexibility from the student's viewpoint, had been the choice of topics for the written assignments and the way they were able to link this written work to their clinical practice. This flexibility had resulted in students changing their clinical practice and improving patient/client care, as indicated by the house manager.

*'But he's saying, "Look I'm doing this module this would be very useful, there's some information here that I can do both theoretically and experientially," and looking to change the understanding and the awareness of the individuals because there's six new people have recently started all over in the last six months so it's very much a new team.'*

In addition to this one student stated:

*'the flexibility of it has enabled me to do it (the BSc programme).'*

This student was referring to the fact that she would not have been able to leave her job and undertake a full-time degree programme and that she had been able to organise her study around her work commitments. However, she did indicate that working full-time and studying for a qualification was very difficult.

*'its been difficult at the end of the day after a twelve hour shift and to have to then get your books out.'* (Student 2)

Student 4 had been determined to study for this qualification but admitted that being able to plan the number of modules she intended to study each year had certainly made it easier for her. She had been able to enjoy the learning experience much more and had been able to pace her learning, which had meant she had been more relaxed about her study.

All of the students interviewed indicated that being able to be accredited with previous learning was one of the reasons that they had found the programme attractive.

*'Well I think I was attracted to something like this before this ever existed because I've been in nursing a fair while now. I have been a person that's always been giving something. I've accumulated quite a lot of courses and bits and pieces that I very much wanted accredited and wanted to go towards something that was recognised in the clinical field. I'd already decided I didn't want to go off on a full time management type. I do want the clinical role and this seemed like the ideal opportunity. So when I found that they were going to have this system in nursing whereby look at accrediting what I've done before, I was there ready and waiting and banging on the door. I went and had quite a detailed chat with P (teacher) in the first instance because I really wasn't sure*

*what level was being looked for and whether what I had done was going to be suitable or was I going to have to fill in and do other work beforehand? And I was encouraged that she felt that I probably could pull this together and accumulate enough credits. So I had a go and I sent it all in. That was assessed and then I had a fairly lengthy interview with her again and with J (teacher) and they just talked through perhaps some of the content and about writing learning outcomes for some of the work that I'd done previously, and it filled the bill. I think that there's a lot of nurses like myself, who have put a fair amount of effort into all kinds of things that are relevant at the time to the posts that they're in. A lot of it goes unrecognised both by their peers and by other people and therefore you get demoralised yourself. Whereas you put a lot of work in it and it is of equal academic value to a lot of other courses and degrees and things that are going on but it's not given that amount of credit. That's really the angle I was at. I was as good as the next man and I wanted to show that I am.'*

For this student, who would normally have been denied access to a level 3 programme, the AP(E)L option offered an important opening to the programme. She talked of developing her skills of reflective thinking from her studies on the programme. This increased knowledge, she felt, she had used to the benefit of her patients/clients.

## The purpose of making learning more flexible

For the senior educationalist the purpose of making learning more flexible was as follows:

*'It's to enable more people to have access to educational programmes that meet their precise needs so that they don't have to repeat learning unnecessarily and actually undertake learning which is appropriate for them at the right level, at the right place, and addresses the needs of the client group that they are caring for. So if in the framework there isn't a particular programme to meet the student's clinical needs they can negotiate a personal programme of study. Even if there is a programme available, for example, Care of the Elderly, we've had students who say "I wish I could do neuro-sciences module because the majority of my patients have a neurological problem." This in fact they can do. There are problems with the degree level programme in terms of access and flexibility because the university are more prescriptive at degree level. We have to work with their rules and regulation. This does cause us some concerns as we are trying to ensure that flexibility is maximised without compromising quality.'*

The teacher considered that the purpose of making learning more flexible was to promote access.

*'I think it's to promote access. Make learning more available to more potential students. It's sort of waking up and realising there are a lot of people out there that aren't able to come between 9 and 5 every Thursday because their off duty will not permit them to do so. And because when they are off they have family commitments and other domestic arrangements to meet. So it's widening up the opportunities for people to come. And this is being done by having modules for a half day, 9-12 for example, and this means then that students can still meet clinical commitments by perhaps going on a late duty afterwards and still have days off to spend with family commitments. So I think that's the sort of positive aspect of it and I firmly believe that's true. I think that's the road that College has gone down in a sense of widening it up and making it more accessible and I think that's probably the philosophy of it. My own opinion of that is that although I do go along with that, that's very relevant, I sometimes question the rationale and whether or not people really are aware of what access is meant to be. To me access doesn't mean that managers opt out of their obligations to support staff or education and thereby promote care. Many people see it as a cheap alternative. Well I mean they don't lose as many students off their clinical area for so long a period of time. I can get more through. So I think it's a double edged sword.'* (Teacher)

By becoming more flexible the College had enabled practitioners to work full time and study for a degree.

*'I think it makes it easier for nurses who want to do further academic studies that don't want to take full time out at a University or College and live on a grant or give up work for a year. It still allows you the flexibility to maintain your job but also gives you the support of doing a part time course. Certainly in the past I've done Open University and I found that was much more difficult not having the support of a group there. The one day a week, meeting everybody, talking things through, certainly made it a bit more meaningful and you got a lot more feedback of how you're doing.'* (Student 2)

The purpose of making learning more flexible from the Trust's point of view was to provide programmes that met the needs of the practitioners without affecting the provision of client/patient care.

*'Flexibility for the Trust first of all, that would be flexibility in terms of it fitting in with the off duty because things are so demanding at the sharp end, people have gone off sick, you're literally short on the numbers and you're actually looking for something which isn't going to be so rigid that it really impairs your ability to plan the off duty and everything. And plus you have people working lots of different kinds of working patterns. May be it's a bit easier on an early like this because we've got a large number of staff and more than one G grade sister, so there's always somebody else to cover but I don't suppose it's that easy in other areas, I don't know. Flexibility for the student. It depends how flexible the programme really is because I knew that the programme was in this other*

*city down the road and that the study days were every Monday and that was a fixed thing. So we've worked round that. ' (Senior Nurse Manager)*

### **AP(E)L as means of access to degree programme**

The ability to use previous learning as a means of accessing this degree programme was very important for all the students interviewed.

When students applied for the degree programme they were sent an application form and an AP(E)L pack. Students were asked for a description of their job, a brief curriculum vitae and details of the learning for which they were seeking accreditation.

The ENB Higher Award is based on 10 Key Characteristics and students' previous learning was accredited against learning outcomes which had been devised from these Key Characteristics. Every practitioner had the same set of learning outcomes against which they had to measure themselves when they made their claim. This evidence was then scrutinised by the two AP(E)L advisers within the College.

After the College had reviewed the student's application for accreditation of prior learning, the student was invited to attend an interview with the AP(E)L co-ordinator and the teacher responsible for the degree programme. During this

interview their application was discussed as well as any action that was needed in terms of supporting evidence, for claims relating to experiential learning. If students were claiming accreditation for their experience then they could be asked to produce a written piece of work to support their claim and demonstrating the theory underpinning their practical experience. If the student wished they could choose to undergo a viva rather than produce a written piece of work.

*'Let's say they are an F grade staff nurse and we are looking for a claim in management and they may have done something in management as part of a course. They may have done a lot of study days or an in-house management course which hasn't been assessed. In that case we would look at what their experience had been and I think it's at this stage where we then bring them in to talk to them and we say, "We can see where the credits are coming from as far as your APL claim is. We can see how you might be able to make credits up from what you've done in theory in the past and from your experience. Or, just solely from your experience and do an assignment to demonstrate the theoretical underpinning."' (AP(E)L Co-ordinator)*

The nature of the supporting evidence depended on the nature of the practice, as the manager went on to explain:



*'There was one practitioner that came through who had instigated policies and formulated policies around her particular specialism, her job was a clinical nurse specialist in that particular area although she didn't have the ENB course to say so. She had written articles on it, she taught medical students and she actually had enough evidence from her practice. She did, we didn't ask her to do this but just to make sure that we were convinced she actually did a critical appraisal of a clients care and brought in facets of the 10 key characteristics into that. But she did that purely off her own bat as part of her portfolio of evidence. She didn't do an assignment.'*

During the interview the College needed to establish if a student's experience was sufficient for accreditation and then what options there might be for the student in terms of providing supporting documentation. Sometimes, the best options available to students became clear very quickly. For example, if the student had produced a health promotion package for his/her clinical area it would be suggested that they might like to evaluate that against current health education or promotion theory. The choice was for the students to negotiate with the manager and degree programme teacher. The student was allocated an AP(E)L guide, who was usually a nurse teacher who had specialist knowledge of the clinical area in which the student worked. This guide might also be involved in identifying the options available to the student, particularly if the student came from a specialist clinical area of which the AP(E)L co-ordinator had little knowledge, as she explained:

*'We had a practitioner the other day from the mental health, from quite an obscure mental health unit, out in the community, of which I know nothing about. I could see that she had a health promotion deficit there and so could she, but I was not the one to advise her about what might be the most appropriate way of making up those credits because I don't know anything about mental health. So she was allocated an AP(E)L guide who was able to negotiate.'*

Part of the manager's interaction with potential students focused around the issue of helping them to realise that their professional experience, could be used to help them access the degree programme.

*'The one that springs to mind is the health visitor who had been health visiting for 20 years and she had a health visitor's course from 1970 which was I suppose the basic theoretical underpinning to what she's doing. But she had done one or two study days and in-service things. She came just to speak to me and to say, "Well I don't really think I've got very much." And we started to talk and I often use the 10 Key Characteristics as a framework, because I say, "Well let's have a look at these areas and which one would you like to begin with and look at that?" And she talked me through how she approached clients. I said, "I hear in health visiting that you have a different approach to clients. When I went round with a health visitor it was, Get the dummy out that child's mouth, but now it's much more the client-centred approach." She said, "Yes." And*

really what she went onto describe was very much I suppose adult learning theory and she described how now they don't give advice, in a way. They wait for it to come from the client themselves and try and guide them so that the client is asking the questions or identifies what the problems are and facilitate in that way. I said to her, "What you have described to me, very beautifully, is an adult learning theory, providing the facilitative approach to learning," I said, "You may not have a formal teaching and assessing course but if you were to go back and look at the literature you will see that's what you described to me."

Another person said, "Oh health promotion, yes, I did a health promotion package." I said "Tell me about your involvement in that, what did you do?" And they'd visited other areas to have a look at what they were doing, then did the background reading on it, she was able to tell me the literature that they'd looked at and then she said, "We evaluated it." I said, "How did you evaluate it?" She said, "We gave out a questionnaire to find out how it will work." And I said, "How did you do that?" And very gradually, as you go along and then they'll say something like, "Oh yes, and I've done so and so" and very often by the end of the interview they say, "Yes, when you really start to think about it there is an awful lot that I have done in experience that I can bring forward."

Again, the management of change is another one that they can describe to you. Sometimes the theory is there and it might not be in the theoretical words you would find in literature but you can identify the theory or it may well be new theory from practice. Because the other thing I'm very interested in doing is saying to somebody, "Well OK you've managed change, have a look at some

*theories of change” and we give them some fairly broad background reading to do and then come back and do a critique maybe. And they'll come back and they say, “Well I couldn't have done it that way, the theory of change I've actually looked at because of this, this and this. Therefore we adapted it and obviously adapted it with this, this and this way.” And I said, “Well actually what you're doing is creating new theory out of the practice and if you can harvest that in some way, that's the way we really get new nursing theory because somebody else would look at that and think, 'Oh yes that might work in my area and do it in that way.’ That is why somebody who is an AP(E)L adviser needs to understand what we're actually doing in an AP(E)L interview. It is actually teasing out from people what have you got there? What will I be able to use?’*

It is interesting to note here that both of these qualified practitioners had not recognised or acknowledged that changes in their clinical practices had resulted in the development of their own professional knowledge. Here perhaps is evidence that the theory-practice gap exists in the minds of the practitioners and that knowledge gained through practice is undervalued.

For students the recognition that their professional experiential knowledge was being valued, was very important to them - a point which cannot be stressed too much. It obviously had affected the way the students viewed their prospects of securing a place on the programme. Finally, as described below by student 2, the

AP(E)L process helped the students to value their own skills and knowledge in a holistic sense and as a professional.

*'I think we do so many short courses that we think, "Oh it's just another course," and I don't think you realise how valuable it is to your practice and I've never sat down and looked at all the things I've done. The problem that I'd got initially, was that I was clinical nurse specialist within my speciality without a post-basic course to go with it. So it could be said, "How can she be credible in that field if she doesn't have the training or a piece of paper that says she's got a certificate in that on a speciality." So for me it was part an ego boost just to sit down and look at all these things that I'd accumulated not realising and to be able to gain access.'*

## Notes

(1) The ENB Framework for Continuing Education for Nurses, Midwives and Health Visitors is designed to be a flexible system of education, based on a modular approach, and open to all registered practitioners. The Framework identifies 10 key areas of knowledge and skills which practitioners will need in the future, in order to meet the changing healthcare needs of the population. These 10 Key Characteristics, provide the basis for the learning outcomes required for the ENB Higher Award. This is both a professional and academic award, granted to practitioners who *'achieve mastery of the 10 Key*

*Characteristics*’ and who *‘have integrated these CHARACTERISTICS into their field of practice’* (ENB 1991 p 12). Completion of a Professional Portfolio is also an integral part of the Framework for Continuing Professional Education and the Higher Award.

## **Case Study 4**

### **Introduction and background**

This case study was undertaken in the independent sector of healthcare. The company was a large national organisation and the study took place during April and May, 1995. The organisation had been concerned with the delivery of care for almost half a century. There were 34 hospitals within the organisation, all of which were concerned with the provision of acute care. These hospitals were geographically spread throughout England, apart from one which was located in Scotland. Each hospital had a management team who determined their own education budget for the whole hospital and decided how that money would be spent. The organisation had its own education department but hospitals were free to purchase education from other institutions if they wished. In practice, this only happened when one or two hospitals in the organisation identified staff development needs in a specialist area.

### **Planning and history of the programme**

The programme studied was entitled the 'Enrolled Nurse Conversion Course.' Successful completion of this programme enabled enrolled nurses to register on part 1 of the professional register. The programme had been planned approximately two years previously and the planning team had consisted of educationalists as well as practitioners and senior nurses from amongst the 34 hospitals. The educationalist who had been primarily responsible for co-ordinating the work of the planning team retired

soon after the programme was accredited, and the current education manager had been in post for approximately one year.

### **Details of the programme**

The staff in the education department were committed to the principles of open learning and the programme used material from the Open College Professional Development Series. Information about the programme contained a section entitled ‘Open Learning as a Component of the Course.’ Here open learning was described as:

*‘...essentially a system in which individuals take more responsibility for their own learning.’*

The information literature also identified features which distinguished open learning from more traditional approaches to education. These were as follows:

- a focus on the students’ perception of the learning outcomes and their responsibility in the learning process;
- a commitment to helping the student to acquire independence and autonomy in learning;
- sensitivity to the students’ personal circumstances and preferred learning style;
- recognition that learning is an interactive process and that the student actively participates in her/his learning;
- a change of role for the educationalist from that of teacher to facilitator



- a commitment to the use of aims, goals and objectives and the provision of regular feedback to the student.

Accreditation of prior learning was possible and students who had previously undertaken professional development programmes were encouraged to produce a written claim for prior learning, in the form of a professional profile. The course lasted 45 weeks, excluding annual leave, and students applying for accreditation of learning were required to complete a minimum of 26 weeks. The programme was divided into eight units or modules including three specialised clinical experiences which were arranged in local NHS hospitals. Details of the module taken from documents published by the College are given in Appendix 14.

### **Collection of data**

Interview data were collected from eight individuals.

Education manager - a member of the planning team for the programme. She was responsible for the overall management of the provision of education within the organisation. Her work required a close liaison with the matrons of the hospitals so that she had an understanding of the educational needs of clinical staff.

The teacher - had worked in the organisation for approximately 18 months and was responsible for the management and delivery of the programme.

Student 1 - had been qualified as an enrolled nurse for the past 11 years. Upon qualifying she had specialised in the delivery of nursing care in an operating theatre. Her husband was in the armed forces and she had spent some time abroad, moving back to England and taking up her current post three years previously. She had what she described as 'a flexible contract' which meant that she could work as little as 24 hours in a seven day week, but if the work was available, she could be asked to work a 37.5 hour week.

Student 2 - had worked within the organisation for the past four years. She was also currently working in the operating theatres but prior to this had spend 18 months working on a ward.

Student 3 - had originally studied to become a first level nurse but due to personal circumstance had opted for a shorter period of study and had registered as a second level nurse.

Each of the students interviewed worked in different hospitals geographically spread across England.

Matron 1 - had a multi-disciplinary role in one of the largest hospitals within the organisation, this encompassed the role of clinical services manager.

Matron 2 - had a similar role to Matron 1 in the smallest hospital within the organisation.

Senior sister - had worked for the organisation for a number of years and was responsible for the management of nursing staff on a floor of the hospital. She was also responsible for the organisation of in-house education, for example study days for care assistants.

Matron 2 and the Senior Sister were interviewed together.

### **The dimensions of flexibility**

The dimensions of flexibility of this module, as reported by the education manager in the completed Dimensions of Flexibility Questionnaire, can be found in Appendix 15.

The following is a summary.

#### *Access and Provision*

The module only ran when a minimum number of students enrolled. It was offered at only one location during normal working hours, for example Monday to Friday 0830-1630 hours. There was one fixed entry and finishing point during the year and it was possible to access the programme using the AP(E)L process. Students were required to attend an educational establishment for some of the programme learning activities but they were able to negotiate to use a mode of study of their choice. Payment could be by direct-debit over a period of several months.

### *Teaching and Learning*

The content was negotiated to meet the student's needs and exemptions were allowed for prior learning. Modes of teaching and learning included activities such as lecturing, note-taking and reading prepared materials as well as discovery learning and participatory exercises. The resources for teaching and learning included teacher/trainer and other people such as specialists and peers, texts, resource centres, libraries, visits to clinical areas, learning packages supplemented by tutorial and peer support. Pace of progression of the student through the module was determined by the teacher. Tutorial support was negotiated as required and was available in the form of face to face contact, written correspondence or communication via the telephone.

### *Assessment*

Assessment took place more than twice during the programme with fixed submission dates. The method of assessment comprised of written assessment evidence, negotiated between student and teacher. Assessment of practice was based on the individual student's learning needs. The criteria for this assessment was therefore negotiated between student, teacher and assessor.

From the questionnaire data and from the case study data the following dimensions of flexibility were explored in some detail.

- entry requirements

- provision of module/programme
- location
- time of module/programme
- mode of attendance
- payment for the programme
- content of the programme
- mode of teaching and learning
- resources for teaching and learning
- access to teacher guidance
- pattern of summative assessment of theory and submission dates
- method of summative assessment
- assessment of practice

### **Access and provision**

Both matrons indicated that in the past they had been aware that they had recruited enrolled nurses who wished to undertake a programme of study leading to level 1 registration. Other matrons in other hospitals in the organisation had indicated similarly and this information had been channelled through to the education department. As a result this programme had been planned and organised.

Not all enrolled nurses employed by the organisation had wanted to study the programme. Some felt that they were too close to retirement age and for some the timing was not right as they had young children to look after. Nurses who indicated

that they would like to study this programme were interviewed by the matron of their hospital. During this interview a number of issues were discussed such as, the reasons why the nurse wanted to study the programme, what the nurse hoped to get out of it and whether he/she knew what the programme entailed and the personal commitment necessary. At this point the matron contacted the education department to enquire if a place was available on the programme and if so, the nurse completed an application form. In addition to this, potential students were required to write a short essay on the importance of professional development and how they had maintained their own professional development during recent years. From this '*mini profile*' the teacher was able to judge whether or not to offer individuals a place on the programme. There was no requirement for formal qualifications but students could submit evidence of formal study which would be taken into consideration as part of an APL process. Successful applicants were asked to undertake a research awareness module before commencing the programme. This requirement was to ensure that students were able to read academic articles and carry out a literature search. The research awareness module was available through the education department. Prior to commencing the programme students attended the education department for a '*briefing day*.' This provided teachers with an opportunity to talk to the students about the programme and to discuss any issues which the students raised.

Students studying the programme spent time away from their own hospital in clinical placements. This had implications for the staffing levels and skill mix of the student's own clinical area and on occasions the starting date of a student's programme had had to be delayed.

*'She (the matron) always knew that I wanted to convert. Last year I applied for the conversion because I thought last year was the right time. Somebody told me that it was never the right time when you had children because there was always something you have to do but I applied for it last year and (the organisation) accepted me last September which would have been the first course that (the organisation) ran. But my matron blocked it here because at the time, there was a lot of people on different educational commitments so therefore I was promised that this September I could do it. For the last year I've known that I'm going to do it but it was just literally waiting for that time. So yes, I've only been in the (organisation) three years, one year of that I've definitely known and before that really, I was just getting settled. So yes, they've always been very good about pushing you.'* (Student 2)

The programme always started in September and ended in August of the following year. However, whilst the starting date was fixed there was some flexibility surrounding the completion date.

*'We've got somebody now for example who because of compassionate leave has had to miss out two weeks of maternity. So we're in the process of negotiating how we can put that back in. But we will do whatever we have to do. If it runs over then so be it. We had somebody who went on maternity leave last year and so she just submitted late and registered at a later date. In a sense we can please ourselves as long as I know that they've achieved what they've got to do for their registration then that's it.'*  
(Teacher)

The location of the majority of study sessions was the education department, which meant that students often had to travel long distances and this had implications for the structure of the programme:

*'..a one-week block and they have two days and they go off for a couple of weeks and then they come back and have another two days. We've started to do two-day blocks here to cut down on some of the travelling time for the students. Apparently on the first programme they were coming backwards and forwards every week and if you live in (a Town) that's not really very funny and very expensive as well. So we've started to do that. We sometimes do study days, in the regions, so we might go to the South West or we might go to South East. It depends very much on who applies. So if we have numerous students apply from the South East we would hold more down there. So that in itself changes every year depending on the applicants.'* (Teacher)

The students considered that the idea of the *'two-day blocks'* had been to their advantage. Overnight accommodation had been provided, payment for which was included in the programme fees. Moving some of the study days to the regions had been a great success for two of the students interviewed as it had reduced the amount of travelling. The other student worked in a hospital which could not provide suitable classroom accommodation, so she always had to travel.

The nineteen students following the programme were split into two groups, according to the regions in which they worked. Group 1 comprised students from the South West and South East and Group 2, students from the Midlands and North. The two



groups had separate study days at different locations. This arrangement offered some flexibility for attending study days:

*'If you can't make a certain study day, you've got a family commitment or whatever, they're very good they say if possible could you go to the other group's study day and if it was at (Town 1), you'd be at (Town 1) anyway, I think some of the girls (G), she did, she swapped over because she's (Town 2) way. She went to a couple of (Town 1) study days because it was easier for her to go there. So if it's within travelling distance there are a few girls on the course that are in a position where they're not one way or another and as a result of that they have the choice and if you were ill and you wanted to make the study day up you could always go on the other groups study day.'* (Student 1)

The hospital paid half of the programme fee and the student was expected to pay the other half. This was common throughout the organisation for this particular programme. Students were able to pay this sum of money on a direct debit system over a period of 12 months. This arrangement had been particularly helpful for one of the students:

*'I wouldn't have been able to find it. I think it was £550 initially and I think in actual fact the finance department pay the education centre it and they give it us on like an interest free loan because it's on my pay slip, it's got how much I still owe. So I think initially they give it to the education centre and then take it back off us every month*

*which is very good really. If you had to borrow it from somewhere else you'd pay interest on it. ' (Student 3)*

Payment of travelling expenses was negotiated at hospital level. Some matrons were prepared to fully fund, or contribute towards travelling expenses, others were not.

### **Teaching and learning**

Students were able to use the accreditation of prior learning (APL) in order to reduce the length of the programme. The teacher outlined this process:

*'We use the ENB guide-lines on how much time we can give off or whatever. So as long as they've done some form of professional development be it reading the journals or attending small lectures at work, as long as they've done something and that they can show a general awareness of what's going on in the profession and that they can show that they can put the time in and the family commitments and they've thought these things through, then we say yes have a go. We use the ENB guide-lines and we just calculate it from there and it is a 45 week course, we see what they've done and then say, "You need x amount of weeks to complete these achievements with the competencies. "' (Teacher)*

For one student however there was a perception that accreditation of previous learning made little difference, in reality, to the length of the programme.

*'We had to write all our relevant posts and experience, your length of course was then determined because we're all different from the rest. Mine has been adequate on the specialities from the rest of them because a lot of them are having to do psychiatric and community and a lot of midwifery whereas in the speciality section which is 10 weeks, I've only actually got to do four. Well saying that, it hasn't really made any difference to me. On paper at the beginning of the course, it looked wonderful but it doesn't work out like that because you're not on a course as such, you are still at work and when you're not on the course and you're not in maternity or whatever, you're back in theatres.'* (Student 1)

Another student felt that the reduced time offered her a safety net if she became ill.

*'Well since I qualified, in 1974 I think it was, what I'd actually done since, I did O level Human Biology and Psychology I did last year, so they'd have two weeks off for each of those, so it was 41 weeks I had to do of a 45 week course. But in actual fact I've not knocked any time off because I thought if I was ill or anything then I've got some leeway because you can take those whenever you want to. You know you can knock days off here and there as long as you put in 41 weeks. I wouldn't take it as a general rule but if I was ill then I'd know that I could have four weeks off without worrying about not being able to put time into the course. That's why I haven't taken it. It's nice to know that it was there if I really needed it.'* (Student 3)

The curriculum provided a framework for the content of the programme. Each study session was planned with this framework as the focus but the students were able to influence the content of the session.

*'What I did at the beginning of the course is to sort of say, "Now this is the sort of programme I've outlined for you, do you think this is OK? Would you like something else in?" But I think at the beginning of the course because they don't know what they want they tend to say yes. What I've got next week and the week afterwards because they're out on these specialist placements, is that just so we don't lose contact, we are meeting and having one meeting in (Town 1) for the north and midlands and having another meeting in (Town 2) for the other half of the country where we talk through a variety of issues, how the placements are going, exam techniques, those sorts of things. But we have a consolidation week here for example, where I'll say, "What would you like, is there anything that you haven't covered that you'd desperately like?" Sometimes when I'm putting the programme together I'll say, "Is there anything you particularly would like?" The only one they haven't actually negotiated on is this one, interestingly enough, because I haven't seen them since the middle of March so it's quite difficult. But when I see them in a couple of weeks there's nothing to stop that them making changes.'* (Teacher)

The students really valued this approach but confirmed, and commented on the fact that it had not been easy to participate in the negotiation of the content of the sessions, at the beginning of the programme. All of the students interviewed had experienced a very didactic approach in their pre-registration nurse education course. They were not

used to having this *'freedom'* and they *'didn't know what there was to learn'*. As students progressed through each unit of the programme and begun to read widely around topics, they felt much more able to influence the content of the programme.

*'But just recently we've had bereavement and counselling and we were given the option at the beginning of the study day which way we wanted to direct the whole of the day and we had to produce a list of things that we wanted to know about and we wanted to cover and because we'd done some reading we actually did know what we wanted.'* (Student 1)

The need for support in the learning process was fully understood and articulated by the teacher:

*'I think because they're so new to it, at the beginning they do need full guidance and as they go further through the programme they tend to rely less on the prompts of the clinical supervisor. Because they're so bewildered at the beginning of the course that if you say it's flexible, please yourself, they all crack up. So you give them a basic framework and the supervisor would say, "Have you thought about this, have you thought about that?" and then try and get them to make their own decisions from there. So it's not rigid at the beginning but there's a lot of support there until they've found their feet.'*

A variety of teaching and learning methods were used during the programme. The students referred to discussion sessions and their involvement reinforcing the notion

of a student-centred approach. Students felt that they were treated as 'adults' during these discussion sessions. Their views and experiences were valued by the teacher and by other members of the group. Such sessions also meant that students were able to focus the discussion on a particular area of interest to the group. Each unit was framed with support material from the Open College, which the students reported finding very helpful. This work was mostly undertaken in their own time but the students emphasised the control they had here, as they could choose to study where and when they liked. The programme teacher also acted as the students' personal teacher. Access was complicated by the distance between the teacher and the students and the fact that she was often away from the education department visiting students in their own hospitals. There were two other members of the education staff who students could contact and the programme teacher had an answerphone, so she could respond to messages when she returned to 'base'. She had recently been given a mobile telephone which she considered made her more accessible.

Students were able to meet with the teacher to discuss individual issues when they had study days and the teacher was willing to arrange to meet them early in the morning or after the study day had finished. In addition to this she was also willing to meet with them during coffee and lunch breaks. The students accepted that the programme teacher was a very busy person and did not blame her personally for the fact that they could not always contact her. One student however expressed concern about teacher support. She had needed to talk to someone about her written assignment but found that there was absolutely no one available at the education department on that particular day.

It was clear that the organisation had attempted to provide a framework of support for the students. In addition to the staff at the education department, there were Regional Educational Preceptors or 'reps'. These individuals were qualified nurses who worked in a hospital within the same region as the student. The 'reps' were all sisters and most of them were senior sisters who were graduates or who had a Certificate in Education. They had a clear understanding of the programme and participated in marking written assignments. The 'reps' met with the programme teacher on a regular basis to discuss the programme and possible changes or developments. In addition to this contact, the 'reps' also attended meetings with the education staff and the clinical supervisors who acted as 'clinical mentors' to the students. The students gave a mixed picture of how effective the support from the 'reps' had been. For one student the 'rep' had been extremely helpful. This 'rep' was actually based in the same hospital as the student. The student had the 'rep's' home telephone number and was able to contact her out of normal working hours. The student had spent some time with the 'rep', brain storming and discussing ideas for her written work. The 'rep' had also helped this student to arrange some of her clinical placements. For the other two students the picture was a little different. One student had had no contact whatsoever with her 'rep' and the other had had limited contact.

Students could only access the education library when they visited the department. Matrons in the individual hospitals would often negotiate with the local College of Health Studies or Higher Education Institutions to obtain access to library facilities for their staff. This often meant that the hospital had to pay for these facilities. One student had found that whilst the library at her local College of Health Studies was

excellent and the librarians very helpful, she had had to pay £50 before she was able to borrow books. Another student had had the same experience. She expressed a concern for staff in her hospital who, in the future might wish to access a nursing library, because the local College of Health was soon to move to a site 50 miles away. Overall however, students had not really experienced any great difficulties and had used a variety of resources available to them including the library at the Royal College of Nursing.

## **Assessment**

### **Assessment of theory**

The programme was assessed both formatively and summatively. The formative assessment took the form of learning logs with a formative essay in the first unit of the programme. This essay was designed to help the students with their writing skills. The summative assessment varied from unit to unit and covered areas such as the assessment of patient needs, the development of a plan of care to meet those needs and a teaching session.

*'When we started the programme we were given a programme handbook and you literally know from the minute you start every single thing you ever have to do. It's just laid out. It's not produced like a shock, you know in the September when you start that all of these assessments have to be in at this certain time. You even get the date when work has to be handed in. This was very good. Because you can plan.*



*Every unit you have to do an assessment and as well as that you have to produce learning logs, learning contracts, reading logs and pack work. And you have a large pack and as you work through the programme it suggests, you don't have to do the pack, but it suggests that if you want to work through the pack it gives you a guide-line of what books to do and what units. And along with that we have to set ourselves learning contracts so we have to discipline ourselves to setting out what we want to learn and we have to give evidence of what we've read and do reading logs and you really have to discipline yourself to do that because once it slacks off you never catch up on it. They give us a basic guide-line for every assessment that we have to do.*

*Unit 1 we did health studies, we had to do a case study. We could have planned the case study around anybody, any type of patient, didn't specify, it was your choice and you set out and chose a subject and it was up to you to find about it and carry it out.*

*Unit 2 we did a care study and again we could choose any type of patient, any model, our own models, so yes that was very flexible. Unit 3 again, really flexible we had to do interpersonal skills and we had to do any interaction with anybody, patient-wise and I chose a pre-op visit. And unit 4 is the major and you can pick any thing relevant to the nursing profession.' (Student 1)*

Each one of the students commented on the value of this flexibility within the assessment of theory:

*'Yes I think I got more out of it by choosing something that I was more interested in. Because I think if you choose something that you're not particularly interested in I mean I chose a lady with a breast lump and did health promotion on that type of*

*subject which I quite enjoyed and I found out lots of things that I didn't know. You think you know things about it but until you actually look into it. Some of them (breast lumps) are obviously benign and you can teach them or advise them what to look for. Because I've done it now I can roughly know what to advise them to look for and how to examine themselves and where to get the leaflets from if they don't know.'*

(Student 3)

Student 2 felt that the depth of her learning had been greater as a result of being able to choose topics which interested her.

*'Well it's important because if you're trying to look and research a subject that really doesn't interest you it makes it a lot harder. I picked gynaecology for my first one which I really enjoy and I enjoy research, the same with orthopaedics. So if they choose the subject for you then it could be boring. And I think you learn more if you enjoy it as well. I mean I really sort of looked into it.'*

### **Assessment of practice**

Most of the clinical experience during the programme was undertaken in the student's own hospital. The education staff conducted an audit of all the hospitals each year to ensure that there was sufficient experience and expertise available to students. If a hospital could not offer a student a particular clinical experience, the student would be sent to another hospital within the organisation. Most of the students undertaking the programme needed to gain clinical experience in the specialities of midwifery, mental

health nursing and community nursing. These clinical specialities were not available within the organisation so students gained this experience in NHS hospitals. The clinical placements were arranged by the 'reps' or by the students themselves and sometimes the organisation had to pay for the placement. Students could choose to undertake the specialist clinical experiences in any order they wished. Often students found themselves linked to higher education diplomas with registration programmes. This meant they worked alongside other students who were studying for first level registration. In some hospitals, students might be given an open learning package to work through and they would have to arrange visits to clinical and other area. Some of the students had chosen to use the Nursing Times open learning materials (1) for specialities such as midwifery. This meant that the students had to have access to midwifery care facilities but did not have to necessarily spend a great deal of time in a maternity hospital. One of the students had had great difficulty securing a midwifery clinical placement but had met a senior member of staff in the 'hierarchy of maternity care' socially, at a Christmas dinner and so was able to obtain a placement through this chance meeting.

The students had a clinical supervisor in their own base hospitals who they referred to as their mentor. In the past, the clinical supervisors had been selected by the matrons of the hospital and this had not always been very successful. In the future, when the education staff undertook an audit in a hospital they planned to suggest that a particular person might make a good clinical supervisor. In addition to this plan, clear criteria for the selection of clinical supervisors were to be adopted. Those undertaking the role in the future would preferably be studying for a diploma or degree and hold a

teaching qualification. They would also have to demonstrate that they had the time for such a role and the commitment to it.

There was a three-day programme to prepare individuals for the role of clinical supervisor. The content of these days included an outline of the programme and philosophy, supervisory skills and assessment skills. Clinical supervisors also had to have a sound knowledge of learning contracts as these were used in the clinical area to monitor the student's progress. The student and supervisor together would draw up the learning contract and the student would then be assessed on the clinical competencies identified therein. There was therefore a degree of flexibility within the assessment. If a clinical supervisor was experiencing difficulty with a particular student or was uncertain about aspects of the programme, they were able to contact their 'rep' who was there to advise and support them. One student reported that the clinical supervision process had worked well. The student met with her clinical supervisor on average every two weeks and they spent about two hours together at these meetings. However, if the student had a problem she was able to contact the clinical supervisor at home.

## **Evaluation**

There was an on-going evaluation process for the programme and each unit within the programme.

*'The students complete an evaluation form at the end of each unit and we also talk through it as well. But not just at the end of each unit. We talk through it each time, you know, "How're you doing? What's this? What about that lecturer, were they any good?" So it's on-going really. They did fill in this form which covers the theoretical components of the programme. It talks about access to the library facilities, it talks about access to me. A whole host is on the theory side and then how they're getting on with clinical placements, did they get to work with their supervisor, as they should have done. That's often the downfall. But that's the way we do it. So that's it really, it's on-going.'* (Teacher)

Changes had been made to the programme as a result of evaluation data. For example, students studying the programme previously, had indicated that the pattern of one-day study days had resulted in a great deal of travelling for some individuals. The education staff had responded to these comments by changing the pattern of study days. There had also been a response by the education staff to comments made by the group recently concerning a particular student teacher whose sessions they did not find particularly helpful.

In addition to the formal evaluation process, the education staff and clinical supervisors and 'reps' meet with student group representatives regularly to discuss the progress of the programme. At a senior staff level, the education manager had regular meetings with the matrons of the hospitals where, amongst other issues, the provision and delivery of educational programmes was discussed.

## **Impact of flexible modes of learning on educational experience and achievements**

Students were expected to contribute at least half of the programme fees and flexibility in the mode of payment had been important to one of the students in particular. She indicated that she would not have been able to consider undertaking the programme had she had to pay the fee in a lump sum. For another student the whole notion of flexibility had had an impact on her educational experience:

*'As I said I did my O levels and I did my A levels and when I went from the change of O levels to A levels I couldn't adjust because when I came to do my A levels I did A level biology and it was very open learning. It was to encourage you to take responsibility for learning and onto University and I could not do that. I didn't like it at the time. I needed to have somebody sit there and lecture to me and me to remember what they said and then me to write it down. I didn't like having to go out and find something for myself. I didn't have the discipline. But I think the only reason that I have the discipline now is number one, because I'm older and number two because I want to do it. So I have got the discipline there in fact, for the first time in my life, I have studied and I have studied hard, and I've got good results for it. But I didn't adjust well to it when I did my A levels. I think the flexibility definitely fits into a nurse's lifestyle. Especially a conversion course because a conversion course girl is not going to be a young girl, it's going to be a mature woman, married, with a commitment of may be a family, even just a husband is a commitment, and a house and a steady job. So I definitely think you have to have some flexibility because if the hours were so rigid and the lectures and one thing and another, I just don't think it*

*would be possible to do. Not for a woman I think that nursing is geared to be flexible with shifts and things and I think the flexibility of the course is an opening to do it If I had to leave here and go to the NHS and go into school and do like a Project 2000 course which is a full-time course, I couldn't have done it. I wouldn't have the commitment to do it. It's too much of a gamble.'* (Student 1)

The flexibility in the topic for the assessment had also meant that the students were able to pursue an area of interest which would be useful in their clinical practice and therefore the work of the hospital. Students and their matrons discussed topic areas which might be beneficial to the clinical area but at the end of the day it was the student's choice:

*'(J) usually comes to me and says, "These are the areas that we are looking at, is there anything you particularly feel strongly about?" We've never had a conflict.'*  
(Matron)

Pre-operative visits by theatre nurses to patients prior to their operations had been initiated as a result of the work of a student who was studying this programme. It was something which the hospital staff felt would improve client/patient care and the student herself had had an interest in the topic. She had therefore used this as the focus for her written assessment. Her work had formed the basis for discussion with other hospital staff and following this, pre-operative visits had been implemented as part of the hospital's patient care strategy and had proved to be very successful.

## **The purpose of making learning more flexible**

Practitioners and education staff commented on the value of flexible learning to organisations such as the one studied here. The purpose of making learning more flexible however, had not been openly discussed between students and teacher.

*'I've never actually had a conversation to say, 'Well this is why we're doing it'.*

*Whether that process took place before I started, I don't know. I know they wanted to update the education department to the twentieth century. Also, I don't know, but it might be down to a financial thing that in a sense it's cheaper to pay my salary and have them come in here than send all those girls off on a conversion programme elsewhere, I mean I don't know. I think from the actual work profile it's very good because they can't afford to second someone out all the time. The nature of the work in hospitals changes drastically. They can be crazy busy followed by peaks of nothing. It's a very unstable environment in which to work. It also depends on how many consultants go on holidays. The numbers can just drop dramatically. As a result of that they have a lot of staff on flexible contracts themselves, with a sort of a 22 hours with a view to 22 guaranteed with an extension up to a maximum of 30. So the hours are bombing round all the time as well. I think the fact that they know that a person's not away for a huge length of time actually helps them in dealing with the day to day running of the hospital. So I think from an organisational point of view, a hospital point of view, it's very attractive. I think again when you look at the profile of nurses in (organisation) it would be crucial, it would be very, very hard for some of them otherwise to get on the programme. A lot of them are quite young mums. Being*



*flexible from the whole point of view even from the cost point of view, I've got a few people, candidates who'd love to do it but can't afford to do it. So it's not excluding on those grounds. It seems to have a heck of an impact on their life. I mean I did teach conventional conversion students, if you like, in my old post, but I mean it really does have a tremendous impact on their life not just their professional life, but socially. And you do see them grow and develop in a whole host of ways. I think that, I mean I don't know but I feel that they get more out of it from doing it this way. Some of it's a lot of struggle and they do struggle but sometimes doing that struggle, it makes them stronger and different' (Teacher)*

The purpose of flexibility here was seen to be to meet the needs of the organisation in terms of delivering an education programme at a relatively low cost and using a mode of study which did not take students away from the clinical area for long periods. In addition, flexibility enabled mature students with family commitments to access continuing professional development programmes.

The theme of making learning more flexible to meet the needs and aspirations of the organisation was reiterated by one of the matrons.

*'I think it's (flexibility) the only way we can really manage education in a company that's scattered through 34 hospitals in the country. It's very nice to have a central education place and it's located centrally in the country which makes it easier for people to get to. And I think if we didn't have that, education would be much more difficult to actually co-ordinate around the country because we need specialist*

*education staff and they have to have a base. The rest of us have too much to do operationally to cope with it, although it's an element of our jobs, it's not the total element of it.'*

The other matron felt that the purpose of making learning more flexible was to mirror the ethos of the organisation as a whole. Each hospital was an independent unit and there had to be flexibility within the organisation to accommodate this. Making learning more flexible enabled hospital staff to become better educated through easier access to programmes. With suitably qualified staff this matron was hoping to be able to deliver accredited study days at her hospital to help practitioners meet the requirements of PREP.

*'From (organisation) point of view, when you are 34 hospitals, that basically work independently, that are dotted around the country, you have got to have flexibility. You cannot have set rigid guide-lines any more. Anybody who wants to achieve this programme has got to go off to (a town) it's just not been feasible. Distance learning has got to be used and also empowering us which is what we're doing, we are trying to have more of our staff educated and retain the relevant qualifications that they needed to teach for example, the 998, so that we can do more on a local level so that we can have accredited, recognised study days, teaching sessions. And also to keep in line with the whole concept of PREP where you update in your specific field in your relevant field of practice.'* (Matron)

## Management of flexible learning

The education staff indicated that the use of open learning material and the accreditation of prior learning was to enhance flexibility. The students' handbook gave some indications of the degree of flexibility within the programme but there were no clear statements or policies which addressed flexibility directly. The management approach was clearly to deal with issues concerning flexibility as they arose as the education manager indicated.

*'The policies are there in people's head but I don't think a lot of them are written down.'*

The teachers worked as autonomous individuals under the guidance of the education manager. The flexibility of this programme had had implications for staff workloads but there were no statements or policies which indicated how this situation was to be managed.

*'It operates very informally. I think because there are so few of us it's never seemed worth writing down. That seems dreadful but the system we operate at the moment is that each of the teachers, if we take (C) because we are talking about the conversion course, has a relatively defined workload. So (C) is the course manager for the conversion course and (VE), who's the other teacher, who's speciality is theatres, so she's heading up the NVQ and that's her main responsibility. That's not to say that they don't have other responsibilities but if the proverbial hits the fan, that's the one*

*that takes precedence. We have team meetings and we tell each other what we're doing but that's not dictated by me and they know what the budget is for that course; they know how much they've got to spend on outside speakers, so they can bring in what outside speakers they like, when they like, get other people internally to teach, organise the sessions however they like. They don't work from 9 to 5, Monday to Friday. They organise their own time and it creates a lot of opportunities but it creates a lot of pressure as well, I think. I'm not sure which way round creates most pressure, saying, "These are the hours you work and you must do it within those hours," I think is more pressure than saying, "This is the total time you've got, this is the product that needs to be delivered, you manage it." Because you're talking about very senior people and I think you need to have that element of control as long as you've got a safety net under that where you can say, "I can't cope. I need help with this, that, the other." But because we're a small team I think that tends to be pretty good on the whole. The only difficulty I think is because of the geographical spread in order to give flexibility to the student, we tend to go to them and sometimes it's a bit like the man and woman in the weather house in terms of the education centre, it's like the Marie Celeste - we're never all in at the same time. So we very much have to make that time and ring fence it and say, "That's sacrosanct, that's the day in the month or whatever that we are all in together," and yes there's lots of informal time in between that but we have to have time put aside where we get together as a team and hammer things out. But in terms of the management of that course (C) had organised the meetings with clinical supervisors, she'd organise the meetings with the reps. She'll let me know what dates they are and if I'm around I might pop in but the management of that course is hers.' (Education Manager)*

It is interesting to note here the approach taken by the teachers who travel to locations where the students are based, rather than the traditional approach of students travelling to the location of the teacher. This suggests the notion of the teacher offering the student a service and requires the teacher to be flexible in their day to day work. Such an approach makes demands upon the teacher in terms of both travelling time and time spent away from home.

### **Flexibility of curriculum content and assessment**

The open learning material provided the '*bare bones*' of the curriculum content. This work was self-directed and related to the student's own clinical practice. Students had to produce evidence that they had covered this work and they did so through the learning contracts which they devised, discussed and evaluated with their clinical supervisor. The outcome of the contract was therefore the evidence that the '*basic stuff had been done.*' As a result of this, the time spent on study days could be used in a more flexible way and students were able to pursue areas of interest to them.

The meetings that took place between the education staff, the regional educational preceptors and the clinical supervisors, provided a forum for discussing the parameters of flexibility within the assessment process. These parameters, however, were not written down in formal statements. At the meetings, the 'reps' and clinical supervisors discussed topics which students might wish to cover as part of an assessment. The role of the teacher or education manager was to comment on whether

these topics would be acceptable. In this way the parameters of flexibility were created 'on the hoof.'

The programme teacher considered that flexibility within the assessment process was curtailed by the ENB guide-lines. She stated that according to these guide-lines, there had to be a final written examination at the end of the programme and this imposed limitations on flexibility.

*'I don't know why that final exam is there because you tend to find that if everything else is flexible the whole focus is this blasted paper at the end.'* (Teacher)

### **Communication between education department and hospitals**

The philosophy of the organisation had recently changed. Previously, education had been centrally funded and all applications for educational programmes had had to be passed by the education manager. At the time of the study, however, hospitals created their own budget for education and spent it as they wished. Hospitals were, therefore, free to choose to purchase education from an institution other than the education department. Whilst this rarely happened in practice, the education staff were conscious that they were in competition with other providers of health care education and it was important that they both listened and responded to, the needs of the hospitals.

*'After we had done a training needs analysis we set up three groups. One of them looked at what was happening professionally and how that was likely to impact on what we needed to supply. Another group looked at what was happening corporately in the direction the business was likely to go in and another group looked at what was being provided currently and how appropriate that was. We married that all together in an educational strategy. So, in terms of policy, the hospitals are very aware of the policy lines we're following and those were really three things although we've had to retrench on one of them. The three main strands we decided to pursue was first of all our enrolled nurse conversion course. That was for a number of very pragmatic reasons in a way. (The organisation) had quite a large number of enrolled nurses, many of who wanted to, and were in a position to undertake a conversion course but they were finding it very difficult to access courses in the Colleges. Either because the places weren't there, particularly in the South West we had a particular problem where we have a lot of hospitals but there weren't many Colleges of Nursing, so places were quite few. So actual number of places was a problem. The other problem was the premium that was being charged by the Colleges for nurses outside the NHS which made it financially practically impossible for people within (organisation) to do it.'* (Education Manager)

Effective communication at meetings with hospital matrons ensured that the education manager understood the changes within the organisation and in the delivery of care. These meetings also allowed the education manager to help the hospital management team to appreciate the professional development needs of the nursing staff

The matrons considered that communication between the education department and themselves and their staff was very good. They indicated that the education department was always willing to respond to their needs and this programme was an example of how those needs had been appropriately met.

## Notes

(1) An Open Learning Programme designed to enable second level nurses to convert to first level registration. This programme was produced by The Nursing Times, a Nursing Journal.



**Table 4.4**

**Summary of Themes Across the Case Studies - Access and Provision**

| <b>THEMES</b>   |                | <b>CASE</b>    | <b>STUDIES</b> |                |
|---|----------------|----------------|----------------|----------------|
|   | <b>Study 1</b> | <b>Study 2</b> | <b>Study 3</b> | <b>Study 4</b> |
| <b>Provision of module/programme</b>  |                |                |                |                |
| Only runs when a minimum number of students enrolled  | *              | *              | *              | *              |
| <b>Location of module/programme</b>   |                |                |                |                |
| Available at one location only  |                | *              |                | *              |
| Available at more than one location   | *              |                | *              |                |
| <b>Time of module/programme</b>   |                |                |                |                |
| Offered outside of normal working hours on weekday evening and weekends                         | *              |                |                |                |
| Negotiated to meet needs of student within normal working hours e.g. Monday to Friday 0830-1630 |                | *              |                | *              |
| Negotiable to meet the needs of the individual  |                |                | *              |                |
| <b>Module/programme choice</b>  |                |                |                |                |
| Module/programme always offered as one of a choice of the same group of modules                 |                |                | *              | *              |
| Offered as one of a choice of a different group of modules on each occasion                     | *              | *              |                |                |
| <b>Range of mode of study</b>   |                |                |                |                |
| Learners are able to negotiate to use a mode of study of their choice                           | *              |                | *              |                |
| Learners can select from a limited range of mode of study                                       |                | *              |                | *              |
| <b>Starting date</b>  |                |                |                |                |
| Two or more entry points per year   | *              |                | *              |                |
| One fixed point during the year   |                | *              |                | *              |
| <b>Entry requirement</b>  |                |                |                |                |
| Evidence of learning from appropriate experience accepted e.g. (APEL)                           | *              |                | *              | *              |
| Specific qualifications and experience required   |                | *              |                |                |
| <b>Mode of attendance</b>   |                |                |                |                |
| Requirement to attend educational establishment for some learning activities at specified times | *              |                | *              | *              |
| Negotiated requirement to attend educational establishment                                      |                | *              |                |                |
| <b>Finishing date</b>   |                |                |                |                |
| Fixed finishing date  | *              |                |                | *              |
| Negotiable within a fixed time span   |                | *              | *              |                |
| <b>Payment of module/programme</b>  |                |                |                |                |
| In full before commencing module/programme  | *              |                |                |                |
| In full at fixed point during module/programme  |                | *              |                |                |
| Direct debit payment over several months  |                |                | *              | *              |
| Payment by cheque or cash only  |                | *              |                |                |

Table 4.5

### Summary of Themes Across the Case Studies - Teaching/Learning and Assessment

| THEMES  | CASE STUDIES |         |         |         |
|---|--------------|---------|---------|---------|
|   | Study 1      | Study 2 | Study 3 | Study 4 |
| <b>Content of module/programme</b>  |              |         |         |         |
| Content negotiated to meet learner's needs  | *            | *       | *       | *       |
| Exemption allowed for prior learning e.g. APEL/APL  | *            | *       | *       | *       |
| <b>Mode of teaching/learning</b>  |              |         |         |         |
| Mainly activities such as discovery learning and participatory exercises                                  | *            | *       | *       | *       |
| <b>Resources for teaching and learning</b>  |              |         |         |         |
| Teacher/trainer + texts, resource centres, libraries  | *            | *       | *       | *       |
| Teacher/trainer + others such as specialists or peers   |              | *       | *       | *       |
| Learning packages supplemented by tutorial and peer support, videos, Computer software                    | *            | *       | *       |         |
| Learning packages supplemented by tutorial and peer support   |              |         |         | *       |
| <b>Access to teacher support</b>  |              |         |         |         |
| Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone | *            | *       | *       | *       |
| Access to tutorial support restricted to working hours  |              | *       |         | *       |
| <b>Pace of progression</b>  |              |         |         |         |
| Pace determined by the tutor  |              |         |         | *       |
| Pace negotiated between the tutor and the student   | *            | *       | *       |         |
| <b>Pattern of assessment</b>  |              |         |         |         |
| Assessment twice during the module/programme with negotiated submission dates                             | *            |         |         |         |
| Assessment more than twice with negotiated submission dates   |              | *       |         |         |
| Assessment more than twice with fixed submission dates  |              |         | *       | *       |
| <b>Method of assessment</b>   |              |         |         |         |
| Unseen paper and other written assessment evidence, negotiated by student and teacher                     |              | *       |         | *       |
| Range of written assessment evidence, negotiated by student and teacher                                   | *            |         | *       |         |
| <b>Assessment of practice</b>   |              |         |         |         |
| Criteria based on individual student's learning needs   | *            | *       | *       | *       |
| Criteria negotiated between student/teacher/assessor  | *            | *       | *       | *       |

## Chapter 5

### Introduction

This chapter focuses on the impact of flexible learning on a small number of key stakeholders, based on the research data. The discussion raises several issues which serve to illustrate some of the complexities involved in the provision of flexible learning.

### Models of flexibility

The literature suggested a number of models of flexible learning. Thomas (1995), for example, put forward a model which encompassed traditionally taught sessions, including lectures, as well as negotiated learning activities. She saw flexible learning as *'the dynamics of the learning process which takes place between the expert, the learner and the learning resource'* (p 5). The relationship between these, however, was dependent on firstly, the purpose of the learning, secondly, the capabilities of the expert, the learner and the learning resource and finally, the needs of the expert, learner and learning resource. Barker et al (1998) argued for a change in the learning environment and *'a shift towards co-operative and autonomous modes of learning'* (p 315). This, they suggested, might be brought about by greater use of electronic materials and computer-based systems. In general, models of flexible learning appeared to share a common theme, they placed the student firmly in

the centre of the learning process. As a result, flexibility was seen as benefiting the student by 'customising' the process to the individual's learning needs and lifestyle. Placing the student at the centre of the learning process, had also been seen as a means of redressing the balance of power between student and institution. There appeared to be a natural kind of logic to such statements, but was this rhetoric or reality? Continuing education could often prove challenging for students, so what were the benefits of flexible learning and were such benefits absolute? Whilst the literature focused mainly on the student, data from the case studies indicated that there were other stakeholders, with an interest in flexible learning. Trusts, and colleges, for example, as well as teachers, were all, arguably, key stakeholders in the process. So what impact, if any, had the introduction of flexible learning had on these stakeholders? An attempt will now be made to explore some of these issues in greater depth.

## **Flexibility for Whom?**

### ***The Student***

#### ***Change in Student Role***

In the past the student role in nurse education programmes had been one of passive recipient of knowledge, with teachers taking very much a 'chalk-and-talk' approach. For most practitioners then, past experiences of nurse education

would have suggested that students had little, if any, control over the education process. Against such a backdrop, for many nurses entering programmes of continuing education the change in student role, brought about by student-centred learning, was dramatic (Robinson and Shakespeare 1995). The process of student-centred learning had been seen to be concerned with *'the empowerment of individuals to take responsibility not only for their learning but also in a broader sense for the way they conduct their lives'* (CNAA 1992 p 1). The case study data revealed that flexible learning for students, in post-registration nurse education, meant not only being self-directed in their study but, in some instances, accepting responsibility for both the management and organisation of learning opportunities. For example, the organisation of clinical placements, an element of course management which, in the past, had been the responsibility of the Colleges of Nursing.

It is, perhaps, interesting to note that in the case studies in which this was a particular feature, that is case studies two and four, the clinical placements, which students were responsible for finding themselves, were those in community and midwifery. These particular aspects of nursing remain to this day key areas in a number of education programmes. As a result, most community and midwifery placements had become highly populated with students, all of whom were aiming to gain the necessary experience they needed for their studies. Over a period of time, finding placements in these areas of nursing had become increasingly difficult. The reason that this somewhat onerous

responsibility had been passed on to the student, may then have been a matter of convenience for the college, rather than an issue of student-centred learning. Certainly it appeared that, for some students, the task had been difficult and as a result the students' anxieties had been raised. Whilst the example of one student securing a maternity placement during a social gathering may be seen as the individual making the best use of all available opportunities, the stress experienced by this student appeared considerable. For her, none of the options which she had explored had resulted in her finding a placement, and the situation '*had become desperate.*' The anxiety experienced by the student could have interfered with her ability to learn, during this time. In addition to this, however, the consequences of the student not being able to secure a placement could have had a detrimental effect upon her ability to continue with the programme. It was not clear whether the college concerned would have allowed the situation to get to such a stage. Nevertheless, it may be argued that colleges have a moral responsibility to ensure that sufficient numbers of clinical placements are available for students engaged in programmes of study. For colleges, the increased number of students undertaking educational programmes had led to an increased demand for the number of clinical placements. The problem appeared compounded by the fact that the colleges had little, if any, control over the number of available placements. This depended very much upon the Trusts, some of which were prepared to accept students from colleges other than those locally. In so doing, paradoxically, Trusts could deprive their own staff of clinical placements.

It had been stated that, for student-centred learning to be successful it needed '*an appropriate climate in which to thrive*' (CNAA 1992 p 3). Whilst there was evidence, in the case studies, to suggest that the process of nurse education was becoming more student-centred, it should be noted that the change had not been without its antagonists. For those in nursing who might have found the idea of giving responsibility to the learner difficult to assimilate, there was, however, a considerable volume of literature to support such a notion. Nevertheless, Clarke (1996) had discovered that nurse teachers had differing ideas about both the concept and process of student-centred learning. For the students, the act of both taking responsibility for their learning as well as being self-directed in their studies required, it could be argued, a degree of confidence. Students needed to understand the aim of the education process and what was expected of them by their teachers. However, one of the students in case study one, had some doubts in this area.

*'My concern was at what level do I write? I'd completed the RSCN course and was doing Diploma level and I thought "What do they want from me? How much writing, how much literature? How many references?"'*

Despite the fact that this particular student had undertaken a number of continuing professional education programmes, she appeared to display a somewhat regimented view of academic performance. For example, she had asked how many references she needed to support a particular piece of work.

Whilst this question in itself would not suggest a fundamental misunderstanding of the nature of academic work, it may indicate a misguided view that a particular number of references were required in order to obtain a pass mark. As suggested earlier, however, it may be unfair to criticise the student for such a comment. Her previous experiences of nurse education programmes may have led her to believe that there were indeed, unwritten rules concerning the number of references for academic success. In such situations, teachers have a considerable role to play in enabling students to fully understand the academic nature of education programmes. In order that teachers may be able to do this, however, some may need help themselves in the form of professional development programmes. In another example, a student from case study three had chosen to attend all classroom sessions, despite the fact that some of these were repeated from previous programmes she had studied. She did this because she feared that she '*would miss something.*' This apparent insecurity amongst students may be explained by a general lack of confidence in their own level of knowledge and academic ability. This appeared to be a particular feature of students undertaking enrolled nurse conversion programmes. In most instances, only a few of these students had formal educational qualifications. In addition to this, however, in the past, enrolled nurses suffered from inequalities in both education and working practices. It is possible therefore, that past experiences may have affected the way such individuals performed as students.



Whilst the teachers included within this study had given some consideration to the need of the students in helping them adjust to their change in role, the nature of that help was somewhat obscure. Studies in general education (see for example CNAA 1992) revealed that students needed help in adjusting to both learning how to learn, as well as the new learning methods. All of the programmes studied included sessions on study skills. In general, these covered such aspects of study as how to take notes, how to read effectively, and how to undertake a library search. These sessions were usually offered on the first or second day of the programme, but there were no follow-up classes. The data here suggested that students were taking responsibility for their learning, although the degree to which this happened seemed to vary. One factor which appeared to influence the process was the expectations and actions of the teachers, together with the amount of responsibility given to students by educational institutions. It appeared however, that students who took responsibility for their learning, did not necessarily have control over their studies (CNAA 1992). Using the case study data, the following section considers the options which were available to the students.

### *Student Choice*

Modularisation had been seen to offer both *'flexibility and accessibility'*, and as such therefore, the process was *'central to the ENB Framework and Higher Award for Continuing Professional Education for Nurses, Midwives and Health*

*Visitors'* (ENB 1992 p 4). The modular approach to nurse education recorded in the case studies, appeared to offer a degree of student choice in, for example, the modules which could be studied within an award route. However, Robinson and Shakespeare (1995) argued that for students to be able to make choices, the options available to them needed to be made clear. They suggested that for many students, at that time, choices were '*highly constrained*' and that such constraints were sometimes '*simply the product of tradition*' (p35). If indeed student choice was to be realised through the modular system, there needed to be a change in the attitude of nurse educators, which moved their thinking away from the needs of the conventional courses (Robinson and Shakespeare 1995). The majority of the colleges in the case studies offered documentary evidence of modular pathways which appeared to allow student choice. Whilst, however, the study data contained few comments from student's on the module choices available to them, modules only ran if a minimum number of ten students enrolled. This meant that, whilst on paper a module might appear available to a student, in reality insufficient demand might mean that it was not. In addition to this, the popularity of modules, such as the one in case study one for example, could result in module places being over-subscribed. Both of these situations restricted the degree of choice available to the student.

Flexibility, however, offered other choices to students. For example, the students in the study were able to negotiate attendance. Interestingly, all of them had been told by the colleges that overall they needed to attend 80% of the

module or programme, as this was a ruling of the ENB. This situation often meant that colleges kept registers of student attendance. Whilst it would appear that in doing so the colleges believed they were complying with the requirements of the ENB, the practice may be seen to be contrary to the spirit of student-centred learning and the notion of students taking responsibility for their own study. During discussions with Education Officers from the ENB the researcher learnt that the Board had, in fact, no such ruling for attendance in post-registration programmes. Institutions were expected to negotiate with the students to agree an acceptable level of attendance. Data here then provided evidence that an out-of-date ENB regulation was being applied to a flexible modular system. It is only possible to speculate as to the reasons why such a situation might have arisen. Ignorance of changes in ENB rulings may have resulted through poor communication between a college and the Board, between college and Education Officer or amongst managers and teachers within the college itself. It may, however, have been, as Robinson and Shakespeare (1995) suggested, as a result of a lack of understanding of the flexible modular system amongst the managers and teachers. Insisting that students attended 80% of the module/programme meant that teachers maintained a degree of 'control' over the student and their studies. Such data suggested limitations in the thinking of those responsible for the delivery of flexible learning programmes.

### *Accreditation of Prior (Experiential) Learning*

The use of accreditation of prior learning (APL) and/or experiential learning (AP(E)L) was a feature of this study. All of the case study centres offered this facility which, in general, reduced the length of time a student needed to study a module. In some instances, for example, as in case study three, AP(E)L was a recognised method of accessing the programme. The education manager in case study two, indicated that the uptake of students using the AP(E)L system had increased. However, apart from those in case study three, relatively few students in the study had decided upon this option. McGivney (1990) indicated that one of the constraints on participation of such schemes as AP(E)L, was a lack of awareness of such options by the students. Whilst all the education institutions in the case studies made information on AP(E)L available to the students, only one college followed up initial information by sending all prospective students an AP(E)L pack. This college was also unusual in that it had an AP(E)L co-ordinator in post whose job it was, specifically, to assist students through the accreditation process.

For students one possible barrier to achieving accreditation for their prior experiential learning may have been the process itself. This involved the students in active reflection upon their professional practice, both past and present and the identification of learning outcomes gained from those experiences. Chapter one of this study introduced the notion of nursing as

reflective practice. For some students, however, particularly those who had little exposure to education, the concept of learning from practice would be 'alien' to their thinking. Even for those students who were familiar with the process of reflection, the identification of learning outcomes through their reflections, could create difficulties. The account by the AP(E)L co-ordinator, in case study three for example, indicated the problems which even experienced practitioners encountered when attempting to identify learning outcomes from their experiences in practice. This study, however, would appear to offer an example of how a college may successfully enable students to use this option. It appeared that students benefited from both the information which they received about the process, as well as the help and guidance from an experienced teacher. In particular, students needed help in recognising and identifying the learning which had taken place through their practice. As well as this, students also appeared to need help in presenting such information in an acceptable format for accreditation.

The earlier discussion in this chapter on the changing role of the student, suggested that some nurses undertaking continuing education might feel very insecure about their level of knowledge and their ability to cope with academic study. This was a theme which was, it appeared, carried through into the arena of accreditation of prior learning. For example, one student's reason for not taking up the option of AP(E)L was because she felt that she needed '*a whole bit of refreshment*'. This was despite the fact that this particular student was an

experienced practitioner and undertaking a programme of study within her own specialist area. During the interview she indicated that two of her colleagues had decided to study a couple of modules as a lead into academic work, prior to starting the course. She had been unable to do this, so her gradual re-introduction to academic study had been achieved by undertaking the entire programme. For some students then, making what might be perceived as 'education leaps' through a module or programme, could create anxieties. Interestingly, one student indicated that accreditation of her previous learning, meant that she *'could have four weeks off without worrying about not being able to put time into the course.'* A particular concern for this student was becoming ill whilst on the course, and needing time off to recover. Anxieties, in general, about the ability to complete a course of study, have been seen as one of the characteristics of the adult learner (Knowles 1989). In the past, however, nurse teachers and managers often stressed the difficulties which students might experience in completing initial education programmes if they exceeded the somewhat limited amount of time allowed for sickness. It was possible therefore that this student's concerns might have arisen as a result of previous experience during her initial education programme.

Gaining accreditation for prior 'formal' learning, however, had proved to be problematic for some of the students. Differences in educational approaches between Colleges of Nursing and Institutes of Higher Education had, in some instances, created a situation in which there were often perceived differences in the standards of the education provided. This meant that the value of a

programme of education undertaken in one college could be perceived as being of lesser value and at a lower educational level, by another. The situation became increasingly more complex as nurse education moved into the arena of CATS; this will be discussed in greater detail later in this chapter. For the students, however, such a situation could cause bewilderment and confusion, as they could find themselves with college certificates which might prove almost meaningless when they came to apply for accreditation of that learning elsewhere. It had been suggested that the accreditation of prior and or experiential learning encouraged a '*sense of lifelong learning*' (ENB 1992 p 1) in the student by recognising firstly, that learning was a continuous process and secondly, that learning occurred in the work place as well as during formal education programmes. It would seem possible that those students whose previous, formal learning had been 'devalued', could become somewhat suspicious of an education system which allowed such a situation to occur.

### *Potential Barriers*

McGivney (1993) identified a number of potential barriers to the process of lifelong learning. Lack of available time for study and restricted finances, were potential barriers which were common to both men and women. Specific barriers to female participation, not surprisingly perhaps included, '*domestic responsibilities, part-time working, inadequate transport and lack of child care*' (McGivney 1993 p 13). Whilst over the years the number of men coming into

nursing had increased, it remains to this day, a predominantly female occupation. Despite this situation, the majority of Trusts had been slow to provide child care facilities on site for nurses, as well as being slow to adopt flexible working practices, such as job share, for example. None of the case study centres offered child care facilities for the students, although the data from case study two suggested that this was a key consideration for most individuals undertaking post-registration programmes. Sessions in this college had been structured around the needs of the students, in their role as mothers. However, the education manager indicated that the level of flexibility demonstrated here was dependent upon the individual teacher. It would not be possible to say, therefore, that all programmes in this centre operated in this way. Other case study centres ran modules/programmes which enabled students to study during the evenings. In addition to this, the option of distance/open learning materials offered students the opportunity to fit their study around the demands of their families. However, single parents may value time away from their children for study, an option which child care facilities would offer. Increased travelling by students, in order to reach both the college and clinical placements, created additional problems in relation to child care. There were indications from this study that the issue of child care continued to represent a barrier to professional development programmes, despite the introduction of flexible provision of nurse education.



Most students, it appeared, had the cost of their education programmes funded by their employing Trust. The trend in rising costs of healthcare provision, however, looked set to continue. In such a climate, it seemed likely that Trusts would be increasingly asked by government to expand service provision, using financial savings gained as a result of increased efficiency. Whilst future reductions in the funding of staff development programmes can only be pure conjecture, it may be seen as a possible option for Trusts which found themselves 'strapped for cash.' Interestingly, the study revealed that those nurses working in the private sector expected to pay for their continuing education. The company offered them a 'loan' which they paid back monthly. Those students who did have to fund all or some of the cost themselves, welcomed the flexibility in paying for the modules or programmes. Direct debit appeared to be a popular option, although others were available. McGivney (1993) indicated that cost had often been cited as a barrier to participation in education programmes. Flexible arrangements for payment of module/course fees could prove a useful method for removing this barrier. Interestingly, when individuals had cited cost as a reason for their non-participation in education programmes, however, they rarely had any idea of the actual cost of such learning activities. As such, the cost of education programmes '*may serve as a socially acceptable or face saving reason for non participating*' camouflaging '*more complex and possibly unrecognised reasons*' (McGivney 1993 p 24).

## ***The Teacher***

### ***Change in Role of Teacher***

The data from this study suggested that, intrinsic to flexible learning in nurse education was the idea of the student taking responsibility for their own learning. Evidence to support this was found in all four case studies in which students negotiated module content and assignment topics and used a variety of resources away from the classroom, with the aim of increasing their knowledge. In addition to this, case study four illustrated the use of units of open learning and the particular responsibilities of the student in working through this material. When, however, students take responsibility for their own learning in this way, a question which might be asked is, what is the role of the teacher? Bailey (1992) argued, that in open learning the role of the teacher was one of facilitator. Thomas (1995), however, suggested that the role of the teacher in flexible learning was itself one of flexibility, as it depended upon the purpose of the learning, the capabilities of the teacher and student, availability of learning resources and the needs of the student. Later in this text, consideration will be given to some of the dimensions of the teacher's role in flexible learning. The following discussion considers the changing nature of nurse education within recent years, and the inevitable impact on the role of the teacher.

The first appointment of a nurse whose job it was to act solely as teacher, was in 1914 at St Thomas's Hospital (Green 1982). This appointment signalled the opening of an additional career pathway for the qualified nurse. The first formal course for training 'sister tutors', as they were named, was not established however, until four years later in 1918, at the King's College of Household and Social Science. The development of other courses followed, including courses for midwives and health visitors. The creation of a Diploma in Nursing, approved in 1926, offered nurses an additional academic award which enabled them to pursue their interests in a teaching career.

Nurse tutors in general nursing traditionally originated from the ranks of ward sisters who had often held positions of authority for a number of years and who were considered to possess a sound knowledge of clinical practice. The significance of the term 'sister tutor', as a title for the early nurse teachers, should not be overlooked. Traditional nurse training programmes evolved from both religious and military foundations and as a result participating students were required to be obedient and to conform to specific patterns of behaviour (Baly 1973). Use of the term 'sister tutor' meant that the hierarchy which existed amongst nurses on the wards at that time transcended to the classroom setting. This resulted in a very formal relationship between student and teacher. Early preparation programmes for sister tutors focused on 'what to teach' rather than 'how to teach' and this may have also have been influential in the nature of the relationship between student and tutor. Given the likelihood that few individuals

would have fully understood the role of the teacher, it would seem likely that they continued to act as a 'nursing sister' in the classroom. However, the world of nursing cannot be removed from the society in which it operated at the time. It would seem probably, therefore, that sister tutors also modelled themselves on teachers working in the field of general education, the role they took with their pupils and the manner in which they conducted themselves, in general, in the classroom.

As a result, sister tutors adopted a pedagogical, as opposed to andragogical, style of teaching and learning. The distinction between the two, as described by Knowles (1989), is important for the purpose of the discussion here as it may be argued that, the adoption of such an approach to learning in nurse education hindered the development of nursing for over sixty years. One of the characteristics of pedagogy is a teacher-centred approach to learning, with an asymmetrical power relationship between teacher and student (Sweeney 1986). As late as the 1980s, writers such as Gott (1982), for example, were suggesting that most nurse teachers continued to teach students as passive members of a homogeneous group, despite evidence of the existence of students' different learning styles and learning needs. The development of nurse education, outside of mainstream further and higher education, may have been a contributing factor in the perpetuation of the pedagogical approaches to teaching. Nevertheless the shallowness of content in early nurse education courses, together with the relatively low level of entrance requirement for students, may also have had an

influence on the style of delivery. In contrast, in America during this time, the emerging schools of nursing developed links with or became part of the higher education system. As a result, the first Bachelor Degree course in nursing was offered by the University of Minnesota in 1910, whilst in England, the first degree in nursing course was not developed until 1969 (Baly 1973).

The insular nature of the early nurse teacher preparation programmes confined nurses to matters of education pertaining only to the world of nursing. Over the years, however, these programmes began to take on a broader perspective, which included the wider education issues of the day. In more recent times, the preparation of nurses for their role as teachers, has taken place alongside other professionals studying on courses leading to the qualification of Certificate in Education. Such a development, it may be argued, led to a number of benefits for the nurses concerned. Firstly, there was the opportunity to gain an insight into the life-worlds of the other professionals who were fellow students on the course. Secondly, the nurses had an opportunity to step outside of the nursing environment into the field of general education, so enabling comparisons to be made between the practices of further and higher education institutions and those of nursing. In addition to this, however, such programmes often offered the individual nurse her/his first experience of studying at a university, with the accompanying ethos of educational research and development.

Changes in the nature of nurse teacher preparation programmes appeared to be accompanied by changes in the style of delivery of education within nursing institutions. Literature from the nursing journals, for example, suggested that the notion of andragogy and andragogical approaches in nurse education began to evolve in the 1980s (see for example Cooper 1980; Iwasiw 1987; Burnard 1989). Interestingly the majority of this literature focused upon andragogy as described by Knowles (1989). As suggested elsewhere in this study, however, Knowles had appeared to be extremely influential in the field of adult education per se. As a result it may not be surprising to see that nurse educators adhered to such an approach. Fundamental to Knowles' model was the concept of the teacher as facilitator, a notion which appeared to transcend adult education into flexible learning (see for example Bailey 1992; Clark 1995). A discussion on the multi-faceted role of the teacher in flexible learning, including that of facilitator, now follows.

### *Teacher as Manager*

The nature and complexity of education management had been discussed by a number of authors (see for example Pugh and Hickson 1989). Robinson and Shakespeare, for example, (1995) used the imagery of the theatre. In their view the teacher became the '*actor manager*' dealing with '*the props behind the scene and the systems that get the show on the road*' but the teacher herself was also '*on stage*' as she herself had to perform. (Robinson and Shakespeare 1995 p 51).

The findings from this study suggested, that the management of flexible learning, by the teacher, was an important aspect of the overall process. The amount of flexibility offered by individual teachers, however, appeared to be dependent upon many factors, including the teacher's own personal circumstances and the level of commitment to flexible learning. Offering flexible options to students did not appear to pose a problem for those teachers who were young, enthusiastic and who had no family commitments. In case study two, for example, the students were able to negotiate the time the study days started and finished, as well as the dates of holidays. In this particular instance, the majority of the students had children and the programme was negotiated around child care facilities and school holidays. The teacher responsible for this module was happy to arrange her own holidays around those of her students. It was possible, however, that other teachers would not be so willing to offer this level of flexibility. Potential differences amongst teachers, as a result of family commitments and personal motivation, for example, could result in differences between modules or programme within the same institution. If such a situation occurred, it would seem likely that some modules or programmes might accommodate the needs of students better than others.

In general the teachers in this study demonstrated a commitment to ensuring that students had positive learning experiences whilst studying on these programmes. However, it would seem likely that the provision of flexible learning opportunities for students had implications for the working patterns of teachers.

For example, offering modules on several college sites increased the options for the students but meant that teachers had to travel across sites more frequently in order to service the modules. One particular difficulty encountered by teachers moving between sites was the problem of unfamiliarity, both with the buildings and the facilities which the site offered. In addition to this, classroom equipment could also be unfamiliar. More importantly, however, teachers who moved between college sites could find themselves teaching a group of students who they had not met before. Whilst this raises a number of issues, this could present a problem for a teacher attempting to meet the students' overall needs for flexibility.

All teachers who were interviewed travelled between sites by car. This represented 'dead' time for them and often meant that they were forced to extend their working day in order to complete their work. It appeared to be normal for such teachers to work through their coffee and lunch break, but the majority also took work home in the evenings and at weekends. In addition to this, for some teachers, travelling to different sites could mean that they had to leave their homes earlier than usual in the mornings, with a return journey late in the evening. With such major changes in working practices it would seem inevitable that the effects would be felt by both teachers and their families in all aspects of their lives.



Arguably, the greatest scope for flexibility within programmes/modules lay in the negotiation of content. For the students, the negotiation process offered a means by which particular topics, which were either of general interest to the whole group or were applicable to the individual student's clinical practice and area of expertise, could be included in the module. Allowing students to negotiate the content of a module, however, raises a number of issues. The students came from a variety of clinical backgrounds, often with varying interests and agendas. It would seem likely that this could make the process of negotiation difficult, particularly with regards to meeting needs, yet remaining within the boundaries of the module as validated. Too great a change to the content could result in a module that had little, if any, resemblance to that of the one originally validated. In two of the case studies the module/programme had been validated by an institution of higher education, although the everyday management and organisation of these had been left to the colleges of nurse education. Whilst modules may need to be dynamic, to reflect the changing needs of the students and their education requirements, careful judgement may need to be made about the extent to which content may be altered before a complete re-validation is necessary. It was not clear, from this study, the precise considerations which were given to these judgements or how the process was managed. Too great a change to the topics studied during the module could also have an impact on the assessment process. Assessment criteria for a module or programme should take into account the learning outcomes. If these are changed it may be difficult for students to meet the assessment criteria. In

general, however, assessment criteria appeared broad enough to accommodate changes in the content of the module.

### *Teacher as Facilitator*

For many authors (see for example Clark 1989; Bailey 1992; Robinson and Shakespeare 1995) the major role of the teacher in open and flexible learning was one of facilitator. In this respect the teacher enabled the student both to manage the learning process and get the best from a situation by exploring the options and employing the relevant resources. Earlier work by the researcher (Clarke 1991) suggested that the change from traditional teacher role, to that of facilitator, created difficulties for some individuals. In particular, nurse teachers spoke openly of the problems which they experienced through perceived *'lack of control over the student's learning.'* There were, however, indications from this data that the teachers in this study had indeed made the change to that of facilitator. For example, one student's comments revealed an aspect of the facilitation process within these programmes.

*'Very much the way the lessons went was down to how the group and teacher felt at that time and how they negotiated it.....if someone didn't agree with what the teacher said they'd say "right let's discuss this between us. Who thinks so and so?"'*

For some commentators, a teacher who appeared to be doing the majority of the talking could not be acting as a facilitator. However work by Murgatroyd (1980) suggested that even when an apparent change from teacher role to facilitator role had occurred, some facilitators talked more than their students. The quote from the student here suggested that the teacher was encouraging the students to talk: - an important facet of the facilitator's role according to Bailey (1992).

Arguably, one of the most difficult tasks which confronted teachers in these case studies, was that of facilitating the change in student role. Whilst a number of authors had stressed the importance of such a process (see for example Robinson and Shakespeare 1995: Clark 1995) few, if any, had been explicit about how this might be accomplished. The data suggested that the teachers in the study were committed to supporting the students in their efforts to take responsibility for their learning and for becoming self-directed. However, whilst the teachers appeared to acknowledge that self-direction took place initially, within a framework of support, the nature and process of that support was unclear. The AP(E)L process in case study three, might have provided teachers with some evidence of the students' ability to be self-directed. Data from the other case studies, however, suggested that teachers had little, if any, notion of the students' abilities in self-direction, prior to them commencing the programme. Interestingly, instruments for rating students' ability to self-direct their learning, such as the one produced by Guglielmino et al (1987), had been given little

credence in nurse education in this country. It appeared to be generally assumed, by teachers, that if students were not self-directed upon commencement of the programme, they would rapidly develop the necessary skills. Nevertheless, teachers could be confronted with students who found this process difficult. A situation which created problems for both student and teacher, such as the design of the modules or programmes, did not appear to offer a '*safety net*' for students whose progress was threatened, by their inability to self-direct their learning.

#### *Teacher as Mentor/Personal Teacher*

The role of teacher as mentor may be seen as an essential part of the support system for students, within any education institution. However, increased numbers of students entering continuing education programmes could mean that this role might prove difficult to sustain. Robinson and Shakespeare (1995), for example, suggested that the nature of the role is both '*personal and labour-intensive*' (p 54). The data appeared to indicate that teachers' workloads had increased, as flexible learning programmes began to be implemented and this may have accounted for the lack of teacher support that some of the students in the study experienced. One student, in particular, commented that her personal teacher had been '*a busy person*', and she had found it difficult to contact him. Education managers then, may need to take account of the extra student support which may be needed by students on flexible learning programmes, when

considering the workloads of teachers. (McManus and Lyne 1992). In general, however, students in the study reported that their mentors or personal teachers had made a good deal of effort to make themselves available. In all four case studies students were able to contact their mentor/personal teacher in a variety of ways. Most teachers, it appeared, gave the students their home telephone numbers and, in some cases, their mobile telephone numbers.

*'....she gave us three different 'phone numbers, work, home and mobile 'phone number and she said we should never hesitate to get in touch. She said we might not always get her the first time, but if we left a message she would contact us within twenty four hours.'* (Student case study one)

Those students studying on flexible learning modules/programmes appeared to have an increased expectation that teachers would visit them in their workplace. It is possible, however, that these expectations had been fostered by the Trusts, which in general, were concerned that education institutions should be accountable for ensuring student support. Whenever possible, teachers endeavoured to meet students on their work premises. In addition, teachers were prepared to meet students during their lunch times and before and after work, including during the evenings. In this study then, it would appear that students had good access to teachers. For the teachers, however, endeavouring to fulfil their role as mentor had implications for their workload, as well as for their patterns of working.

### *Teacher as Expert*

In flexible learning the concept of the teacher as expert may be seen as somewhat problematic. In the very early days of nurse education, sister tutors taught both theory and practice to students in Schools of Nursing. Over the years, the increase in nursing knowledge made it almost impossible for the teacher to be an 'expert' in all aspects of the subject matter. As a result, in more recent years, teachers had been encouraged to specialise in a particular branch or aspect of nursing. Allowing the students to negotiate the content of a module could, therefore, create problems for the teacher responsible for organising the programme of study. In general, members of the module teaching team collectively, would have a breadth of knowledge. Nevertheless, it was possible for students to request the inclusion of topics of which the team had little, if any, expertise. The likelihood of such a situation arising appeared to be dependent upon a number of factors; for example, the nature and content of the module/programme and the needs of the students, together with the possible diversity of their clinical experience and backgrounds. When such a situation occurred, the course of action taken was '*we know a man who can*' as the education manager in case study two indicated.

Whilst clearly the overall aim would be one of meeting the students' needs, such an approach raises a number of issues. An increased use of individuals other than nurse teachers in education programmes, could result in the College of Nursing incurring increased financial costs, as a result of a rise in visiting

lecturers' fees. Whilst, in the past, the inclusion of a small number of such individuals to nurse education programmes was accepted practice, the move of nurse education into higher education could change this situation. For the nurse teacher, however, meeting the needs of her/his students, could prove difficult. Attempts to cover the topics themselves might raise questions of quality, which eventually could threaten the value of the entire module or programmes. Increased flexibility, then, could result in teachers becoming 'generalists', able to facilitate learning, in a general sense, but not experts in any particular aspect of nursing practice. However, Robertson (1987) offered a possible solution for teachers faced with just such a dilemma by suggesting that they accept their deficit in knowledge and take on the role of learner themselves. In this context the process of facilitation would enable the teacher to learn alongside the student. There is a sense in which such thinking mirrors that of Holt (1977) and Illich (1973) who introduced the notion of 'learning webs.' For education managers, conscious of the need to reduce expenditure on visiting speakers for education programmes, the concept might prove attractive. Teachers, however, may not welcome such an idea and students, in particular, might find the concept of the teacher as fellow student difficult to accept, as it dismisses the traditional teacher role.

### *Teacher as Reflective Practitioner*

Further challenges to the traditional role of the teacher were suggested by Edwards (1997) for example, who indicated that the teacher as 'expert' had been

*'displaced by that of the reflective practitioner'* (p 149). As previously indicated, reflective practice became particularly influential in nursing in the 1980s. One possible reason for the importance placed upon this process, during this time, could have been that reflective practice models of working moved the onus for professional development from manager to the individual practitioner. As reflective practitioners, teachers could still develop their skills regardless of, for example, an inappropriate management structure, the inadequate provision of time for further education, or the lack of financial resources for professional development. One view of reflective practice could be, therefore, that it offered development which was cheap in institutional terms, and if teachers chose not to develop through reflective practice, it was their responsibility.

Nevertheless, the growth in popularity of reflective practice amongst clinicians meant that, increasingly during the late 1980s, teachers were expected to develop the skills of reflection within their students. It could be argued that, by virtue of the complex multi-faceted nature of reflection, it would be necessary to experience the process in order to be able to teach the subject. This raised questions, however, as to whether all teachers had the ability to reflect and, in particular, if all nurse teachers were reflective practitioners. Whilst this remains a vexed question to this day, for those nurse teachers who were struggling with the notion of developing reflective skills within their students, there appeared to be little help available. The literature in nurse education journals during the 1990s, frequently quoted Schön's work in connection with reflective practice



(see for example Saylor 1990; Temple 1991; Meerabeau 1992). This work, however, offered little practical guidance on teaching strategies for the development of reflection. In general, it appeared that nurse teachers employed a range of strategies such as reflective journals and group sessions in which students were encouraged to reflect upon their nursing practice. Whilst it may be argued, however, that all of these strategies offered a valuable means by which learning could take place, there was no evidence to suggest that such strategies developed and promoted reflective skills amongst the students in their everyday nursing practice. Furthermore, by its nature reflection appeared to be a very intangible topic to attempt to teach, unlike factual knowledge or technical skills. In addition to this, managing the process of reflection could prove problematic as it could be argued that nurse educators had little, if any, control over the learning outcomes of reflective sessions. Indeed, some of the outcomes of reflection on practice might prove very threatening for both students and teachers alike.

Reflective practice could not necessarily be viewed as a neutral process.

Reflection on professional practice could serve '*a range of interests and have a variety of ambivalent and contradictory consequences*' (Edwards 1997 p 152 ).

This was due to the fact that the world in which the professional practitioner operated, was itself subject to a number of discourses, all of which contained their own assumptions and subsequent consequences. In reality, the thoughts of professionals could not be divorced from the context of their practices. In this

sense it would be difficult for reflective practice to be taken as a '*universal description of professional practice*' (Edwards 1997 p 153). Interestingly, in more recent times, Schön's (1983) notion of a unique way of thinking amongst professionals, described by Scott (1996) as '*creative intelligence*' and '*thinking on their feet*' (p 22), had been challenged. For example, observations on the way in which quality circles work in industry would suggest that the process of reflective thinking may be used by both professionals and non-professionals alike.

One aspect of professional practice as described by Schön (1983), however, was autonomy. The data indicated that teachers were autonomous in their practice, as they were able to negotiate outcomes with learners in a variety of areas. However, it appeared that the recent changes in the organisation of nurse education, posed a considerable threat to this autonomy. Trusts, during this time, were increasingly placing greater emphasis on the quality of education provision. As a result, it appeared that the managers of colleges were expecting greater accountability from the nurse teachers. All of the colleges in the study had staff appraisal systems in operation. Interestingly, Metcalfe (1991) argued that the act of appraising teachers by managers, to monitor performance, decreased professional autonomy. Teacher autonomy, as a result of flexible practices, however, could be seen to pose a potential threat to the relationship between Trusts and Colleges. As a result, some Colleges of Nursing had provided teachers with a series of guidelines and rules in which to operate. In

this sense, the introduction of flexible learning in nurse education had resulted in increased managerial power and control over teachers.

### ***The Trusts***

#### ***The Relevance of the Education***

As previously mentioned, dramatic changes took place within the climate of healthcare delivery during the 1980s and 1990s. Whilst chronic illness continued to be a prominent feature, as the main cause of ill health, new communicable diseases, notably AIDS arrived on the scene. In particular outbreaks of legionnaire's disease were recorded during this time, together with a number of incidences of salmonella poisoning. Moreover, there was a gradual increase in diseases which had been regarded as eradicated long ago in Western societies, such as tuberculosis and rickets (Popay and Williams 1994).

Alongside the changing pattern of ill health, medical care became increasingly sophisticated and highly technical. Paralleling this, however, were concerns about increasing costs of healthcare provision. The consumerism brought about by the NHS reform, created an environment in which quality became an issue and, in general, people's expectations of healthcare delivery services were raised. Against this backdrop, Trusts struggled with increased demands on service provision. In an attempt to respond to the changing healthcare needs of the population, Trusts turned to Colleges of Nursing to equip their staff with the

skills necessary to provide quality care delivery. However, in general, Trusts found colleges slow in meeting their demands. One reason for this appeared to stem from a reluctance on the part of the colleges to provide skills based programmes which had little theoretical content. This may have been due to concerns about the imminent incorporation into higher education, leading to a perceived need to ensure that the institution offered a framework of programmes which were firmly seated within the traditions of education. Short term planning for staff development requirements on the part of the Trusts often led to 'instant' requests for modules. This created a number of difficulties for the colleges. Firstly, members of staff who had the necessary expertise to service a particular module or programme were not always available at the time of the request. Secondly, in general, colleges planned their workloads a year in advance, based on the forecast demand figures received from the Trusts. These figures indicated the number of places which were required on each of the modules or programmes offered by the college. In most instances, teachers were heavily committed to the delivery of existing programmes, or new ones which had been planned some time ago. This meant that colleges had limited capacity to respond to a 'one off' module/programme request from the Trusts. As a result of this situation colleges appeared to blame Trusts for their lack of forward planning whilst Trusts blamed colleges for their inflexibility in meeting their needs. In some instances this had led Trusts to purchase education programmes from Colleges of Nursing in other areas or from other educational institutions. During the time of this study it was evident that Trusts were beginning to

expand their own training departments, so extending the range of continuing education programmes for nurses, which they themselves could offer. This situation may have been accelerated because of the apparent tensions between colleges and Trusts over the delivery of continuing education programmes.

When substantive educational programmes, such as the one described in case study two, were being planned, the data suggested that the views and needs of the Trust were considered by the college, and a spirit of collaboration between the two appeared to exist. For example, programme planning groups included Trust representation and, where appropriate, both monitoring and assessment boards also included Trust membership. This situation appeared to be mirrored in all of the case studies. The partnership in education which the colleges referred to, however, was not always echoed by senior managers within the Trusts. Prior to re-organisation of the NHS colleges, in general, had been extremely influential in the identification of the educational needs of the service staff. Post-NHS reforms, it was becoming evident that Trusts saw this as their responsibility. In addition to this, Trusts were becoming more influential in the nature of programmes which were offered to post-registration nurses, through their purchasing powers. Perhaps, not surprisingly, this situation appeared to create additional tensions between the colleges and the Trusts. Evidence of this particular tension was recorded in case study one. Here the education manager felt that she should be the one to decide which individuals were offered places on the programme, yet the Trust manager indicated that this was clearly her role.

There were, however, other tensions. As part of their role, nurse teachers were linked with a clinical area. The aim of this was to provide educational support for students, as well as clinical staff. Often teachers became particularly involved in working with qualified nursing staff, helping them to develop or improve their clinical skills. The effect of the NHS reforms, however, appeared to curtail their ability to do this, as colleges indicated that such sessions needed to be paid for by the Trusts. The move into higher education may well result in a greater emphasis being placed on the business aspect of the provision of nurse education. As a result, the actions of teachers to respond to clinical staff's needs, in this way, may be further restrained.

The nature of the partnership between colleges and Trusts raises a number of issues. Whilst in the past Trusts had participated in such activities as the planning of courses, for example, the representatives, in general, played a somewhat less than prominent role in the process; the lead, perhaps not surprisingly, being taken by the educationalists. The data from this study suggested, however, that this situation appeared to be changing. Colleges were increasingly being forced to pay greater attention to the comments of Trusts' representatives, in order to retain education contracts. The partnerships, in general, appeared to be balanced in favour of the Trusts but purely for financial reasons. Many of the college managers continued to see themselves, and their institutions, as custodians of education. The Government's Green Paper, 'The Learning Age' (DfEE 1998a) stressed the need for partnerships between

institutions of education and employers. The case studies illustrated the key role which the employing organisations had in work-based learning and assessment. Interestingly, in terms of the overall education process, however, this often appeared to be overlooked by education managers.

During the time in which this study took place, the phrase 'fitness for purpose' was heard regularly from the mouths of senior Trust managers. Increasingly, Trusts were scrutinising the content of courses and programmes, in order to assess the relevance of these to current nursing care practices. In addition to this, however, Trusts also required value for money from the education programmes. As a result, some modules and programmes offered by Colleges of Nursing were more popular with the Trusts than others. Case study one provided an example of this, as the module 'Teaching and Assessing in Clinical Practice' was very popular with the local Trusts, because of the value placed on the particular skills developed, during this module. This situation had led to places on the module being at a premium. Interestingly, the data from this module illustrated the potential opportunities that Trusts had to act as 'gatekeepers' in accessing continuing education programmes. One of the students on this module had wanted to enrol on a completely different programme of study. Her manager, however, had refused to support her because she considered that the Trust did not require additional members of staff to possess the skills which this particular programme offered. However, the student was subsequently offered a place on the teaching and assessing module. Here was an indication that, in the

future, nurses might only be able to study a module of their choice if they were prepared to pay for it themselves. Interestingly, the actions of the Trust in relation to this particular student, may have disadvantaged other members of staff waiting for a place on this module. The situation, however, raised a management issue which needed to be addressed. If all staff had the relevant entry requirement for a module, the factors which make one suitable and one unsuitable to be offered a place, needed to be given careful consideration.

Two out of the four case studies focused on programmes which enabled enrolled nurses to study for registration. These students, who were mainly mature women, welcomed the opportunities brought to them by flexible learning, despite the fact that each of them had been informed by their employers that successful completion of the programme would not necessarily mean automatic regrading. In the main, these individuals were told that they would have to wait until a vacancy arose and apply for the post in the usual manner. Until such time, these nurses were expected to function as first level nurses without official recognition or financial reward. Encouraging individuals through 'flexible study' to change their professional status whilst in post has important management implications for Trusts, especially if that new status means enhanced grading.



### *The Purchase of Continuing Education*

Baly (1973) argued that, in the past, the aim of education and training programmes in nursing, had been to teach '*what will be of practical use*' so as '*to produce practical and safe practitioners*' (page 162). Data from the study indicated that, in general, Trusts favoured supporting courses and programmes which improved clinical skills, in preference to those which could be perceived as increasing knowledge alone. Evidence for this could be seen in the number of students supported by Trusts who were undertaking, for example, two day skills programmes. Moreover, as the perceived trend within colleges appeared to be moving towards academic programmes of study, Trusts themselves were beginning to offer skills workshops for qualified nurses. For some observers, the difference between courses and programmes which offered students a means of 'knowing how' rather than 'knowing that' has been seen as one of training versus education. However Stephens (1988) indicated that education and training were complementary aspects of a single process. In essence, knowledge underpins the skills nurses use in their everyday practice. It is difficult therefore to separate the two. Arguably, the issue here was a perceived imbalance in the amount of time students spent learning about the practical aspects of their work.

The data from the case studies indicated a move away from the traditional 'blocks' of study which took practitioners away from their clinical areas for considerable periods of time. It appeared that, in general, the introduction of

flexible learning meant that qualified nurses could now study alongside their full time employment. Programmes appeared to be increasingly offered with one or possibly two days of 'block' study only. The rest of the time, sessions were offered outside of normal working hours, or planned in such a way that participants were able to attend college in the mornings, leaving them free to work on a late shift afterwards. It seemed likely, therefore, that for the Trusts, an additional attraction of flexible learning was that students appeared able to undertake most of the study in their own time. This situation would suggest that, in general, education provision was being planned to meet the needs of the Trusts, more than any other stakeholder.

### ***Colleges of Nursing***

#### ***The Cost of Flexibility***

Robinson and Shakespeare (1995) argued that the answers to such questions as, 'Are flexible learning programmes cheaper than conventional courses?' were likely to focus around absolute costs, so excluding important considerations of where the costs resided. Data from the case studies demonstrated that, within the process of flexible learning, open learning materials were used. In general, the managers of the colleges included in the study considered that open learning offered a cheaper option of mode of delivery, than conventional programmes. Whilst, however, the work of Rowntree (1992) had demonstrated that the use of

open learning resulted in considerable savings in teachers' time, changes in the mode of delivery of learning resulted in monies being simply moved around. There was no clear evidence of the process being cheaper, in terms of actual cost reductions. For example, professionally produced open learning packages were often expensive, particularly as usually more than one package was required if the colleges were to provide sufficient learning resources for students. This situation had forced some colleges to develop their own learning packages. Whilst it appeared that considerable time and effort, on the part of teachers, had gone into the development of this material, the final results depended upon teacher expertise in writing open learning packages and access to resources such as desk top publishing programmes. As, sadly, few teachers appeared to have had the opportunity to develop expertise in writing open learning material, the benefits to the students of some of the packages appeared questionable. Whilst, however, learning packages were used within the framework of flexible learning, in general the approach assumed a much broader aspect of education provision.

The legacy of the amalgamation of small Schools of Nursing, meant that colleges usually occupied a number of sites, often spread across a wide geographical area. In general, Trusts had been very keen that education facilities should remain in close proximity to hospital staff. As a result, a number of small buildings on hospital sites, which had previously been occupied by the Schools of Nursing, were kept open. With the advent of flexible learning, it

appeared that these sites had proved to be valuable assets to the colleges, as they provided a geographical spread of buildings in which modules/programmes could be taught. The use of such buildings, however, had financial implications for colleges. The majority of the buildings were now owned by Trusts, colleges therefore had to pay rent and maintenance costs. Staffing and servicing these small sites, however, also had a financial implication for colleges. The cost of providing library services and other learning resources, such as computers, were extremely high, particularly when compared to the small number of students who used the facilities. In addition to this the security of equipment and other resources on these sites had to be considered as a high percentage of these were unmanned, as a result of teaching staff being relocated to the colleges' main campus sites. Students needed unrestricted access to such facilities but this meant that security staff had to be employed. In addition to this, teachers often had to travel considerable distances, in order to deliver modules across a number of sites. This meant that colleges had to cope with the additional burden of increased expenditure on staff travel costs.

### *Accreditation of Prior Learning/Credit Accumulation and Transfer*

It may be argued that the accreditation of prior learning in nurse education gained prominence as a result of enrolled nurse conversion courses. The decision to phase out the two levels of nurse brought a flood of enrolled nurses into colleges to study conversion programmes, which enabled them to register as

first level nurses. However, many of these enrolled nurses were experienced practitioners, the majority of whom had taken responsibility for patient care and, in most cases, management of a ward. Accrediting these nurses with learning, gained through continuing education programmes or, in some cases, through their work as practitioners, meant that the length of the conversion programme could be reduced. The practice of accreditation of learning, however, brought a number of anomalies to nurse education, as most colleges developed their own model and approach.

The collaboration between Colleges of Nursing and local institutions of Higher Education resulted in an increase in the scope of continuing education programmes available to nurses. This meant that degree and diploma programmes could be studied, in addition to the traditional certificate level courses. These early collaborative programmes and the gradual move of some Colleges of Nursing into Higher Education, heralded the arrival of the credit accumulation and transfer scheme (CATS) in nurse education. Allen and Layer (1995) argued that, there was often confusion amongst teachers between CATS and modularity within education. In essence, the framework for post-registration education together with the higher award in nursing, as proposed by the English National Board, was based on a modular approach. The process of modularity assumed that formal learning could be divided into units or modules and that the learning which took place could be assessed. The modules could be used as 'building blocks' towards certain education awards. Student choice of

modules in the composition of an award together with the sharing of some modules across awards created a framework of education provision which offered students a degree of flexibility. A credit accumulation and transfer scheme (CATS), however, was something quite different. Put simply, the process enabled students the flexibility to move from one education institution to another, carrying credits from any modules already successfully completed. A national credit accumulation and transfer scheme, it may be argued, embraced the idea of the lifelong learning. The scheme extended the options available to the student, whilst acknowledging that, during a lifetime of learning, individuals might enrol on programmes offered by a number of different education institutions. CATS was based on three assumptions, these were that *'learning can take place anywhere; that any learning can be measured'* and that *'credits for learning can be moved from one place of learning to another'* (Allen and Layer 1995 p 25). From the outset however, the development of CATS, in this country, appeared to run a somewhat tortuous course.

The problems associated with such a scheme have been well documented. The Higher Education Quality Council (1994), for example, argued that the term itself created confusion as it generated a range of opinions as to its meaning. Often it appeared that interpretations denied the underlying flexibility, and possible diverse forms of practice which might emerge as a result of the process of credit accumulation and transfer. As a result, many (see for example Allen and Layer 1995) preferred the term credit-based systems. However the

introduction of credit-based learning by Colleges of Higher and Further Education was accompanied by a range of models which led to numerous diverse approaches. Ironically, it appeared that this 'litter of cats' (Hyland 1996) resulted in reduced flexibility for the students, as the different models and approaches taken by colleges often led to difficulties in carrying credit from one educational institution to another.

It would seem likely that the career patterns of individuals, in a predominately female occupation such as nursing, would be affected by changes in family commitments. Members of such occupational groups could often find themselves having to leave their own workplace as a result of a job move by their partners. The attraction to nurses of a system which allowed individuals to move between education institutions, carrying credits from any modules already successfully completed, should not be underestimated. The introduction of credit-based learning appeared to offer nurses a flexible means by which they would be able to continue their studies, despite a move to another county or town. Allen and Layer (1995) argued that the emphasis on the student experience may have been the reason for the possible failure of credit-based education. This resulted in little consideration being given to the experiences of the staff, and therefore few teachers understand the purposes of a credit-based process. Sadly, lessons learnt during the introduction of modularity and credit-based learning in Colleges of Higher Education were ignored, when these processes were introduced into Colleges of Nurse Education. As a result, in

some cases, misinformation may have been given and student's expectations inappropriately raised. Perhaps inevitably, however, the inherent problems which credit-based learning systems brought to nurse education, appeared to frustrate the efforts of those who were attempting to meet the needs of the students, by the introduction of flexible approaches to learning.



## **Chapter 6**

### **Introduction**

This chapter reviews and discusses some of the issues that have emerged from the study, in response to the research questions. In addition to this, consideration is given to some of the implications, which an increase in flexibility may have, for institutions of higher education.

### **A Future Vision for Nursing**

A variety of papers from both government sources and professional organisations, during the early 1990s, stressed the importance of continuing education programmes which equipped nurses with the knowledge and skills which would prepare them for the challenges of the future. In 1993 the NHS Management Executive indicated that education should be flexible and of sufficient quality to meet the needs of the service provision. This was followed by a Department of Health document in 1994 entitled 'The Challenges for Nursing and Midwifery in the 21st Century' in which it was suggested that education needed to be focused on a common objective: change within continuity. The paper indicated that this could only be achieved if policy makers, at the highest level, education commissioners and providers, all shared a common purpose. In the same year, the ENB document 'Creating Lifelong

Learners: partnerships for care', had stressed the need for collaborative partnerships. Collaboration here was seen as essential in achieving *the primary goal of securing an adequate number of appropriately prepared practitioners to meet health care needs*' (ENB 1994 p 11). This latter document also stated the case for nurses becoming lifelong learners, emphasising that an important part of the work of the collaborative partnership would be the development of a learning organisation. It went on to suggest that, if an organisation were to become a learning organisation, practitioners, students, managers and educators all had vital, contributing roles. Through the confidence of these individuals to develop their own learning, the document suggested that the organisation itself would move forward. These papers alone served to illustrate the vision for nursing. Flexible learning, it appeared, was becoming increasingly a key part of this vision. This study can only offer a snapshot of flexible learning, at a particular point in time. However, it may be argued that the findings have something to contribute to the wider picture and the direction in which these papers appeared to be taking nursing.

### **Interpretation of the Term 'Flexible Learning'**

The data revealed a considerable degree of activity aimed at creating flexible learning opportunities for students. Flexible learning covered a broad range of activities, as demonstrated by the dimensions identified within the study. An important outcome of the study was that flexible learning was not an end in

itself, but simply a term used for a set of activities designed to improve continuing professional education. As such, it would appear that flexible learning should be viewed as a process, as much as it is viewed as an approach. Within nursing, flexible learning appeared to be generally considered to be 'a good thing' and synonymous with 'good learning'. There was a sense in which this study confirmed such a view. Flexible learning, as identified and characterised by the findings of the study, was aimed at improving continuing professional development for post-registration nurses in a variety of ways which, it seemed likely that many educators valued. In addition, the study identified that these improvements in education practice were centred on the individual post-registration nurse. The main heading from the Dimensions of Flexibility Instrument (questionnaire 3) have been used for further discussion of the data.

### ***Access and Provision***

The extent of the flexibility within a dimension appeared to vary between providers. In some instances this degree of variation was considerable, but there were clear similarities in a number of dimensions. For example 84% of the colleges indicated that modules were only offered if they had a minimum number of students enrolled. This meant that availability of a module depended upon its 'popularity.' As a result, flexibility surrounding which modules a student could study, as part of an award route or pathway, could be considerably reduced. It appeared that, in general, none of the providers was able to offer a

full programme of optional modules for students. This situation, in general, appeared to be due to a lack of teachers or resources, or both, together with the need to deliver cost-effective programmes. Multi-sited colleges, the legacy of amalgamation of small Schools of Nursing, meant that most providers were able to offer students the option of studying a module at more than one location. There were differences between providers, however, with respect to the timing of the module or programmes. In general, the majority of these were offered outside of normal working hours, that is Monday to Friday 08.30 -16.30. In practice, however, this appeared to mean that some evening sessions were available during weekdays. Few providers appeared to offer sessions at the weekends. The issue of the timing of the module to meet the individual's needs, is particularly interesting. Whilst the majority of providers confirmed that this was a feature of the module/programme, it appeared that few institutions were able to offer the level of flexibility portrayed in case study two. In this institution the timing of sessions was arranged to coincide with school hours and holidays and child care facilities.

Flexibility surrounding the range of mode of study on offer to the learner, appeared to be dependent upon three factors. Firstly, the nature and variety of learning resources available within the institution. For example, computer programmes, open learning packages, videos and interactive videos, all of which were expensive items. Secondly, the nature and level of responsibility which the teacher 'allowed' students to take for their own learning. It appeared, for

example, that some teachers were very happy for students to cover the content of a session in ways other than being in the classroom. Others, it appeared, expected students to attend sessions although, in the main, these sessions were based on discussion and learning in small groups, rather than the traditionally teacher-led approach. Thirdly, the degree to which students negotiated to use different modes of study, appeared to be dependent upon their level of confidence in taking responsibility for their own learning.

Starting dates of modules or programmes appeared to be limited to once or twice a year. Where there was an option with starting dates, this usually resulted from modules being rotated between sites. When this happened, it could mean that sometimes as many as four starting dates would be available to the student. In general, providers offered between two and four fixed finishing dates for each module/programme. Differences in finishing dates, in the main, were dependent upon accreditation of prior learning. This led to a reduction in the length of study necessary to complete the module. In addition to this, however, when modules were rotated between sites, students had the option of deferring an assessment and submitting with a group of students who had started the module at a later date. The majority of providers indicated that they offered the students AP(E)L facilities. The case study data, however, suggested that, in some instances, students were reluctant to take advantage of this, preferring to study the whole of the module or programme. Interestingly, the example in case study three, in which students were allowed to use AP(E)L to access a level three

programme, appeared to work very well. Few of the students appeared to experience problems with studying at this level, despite the fact that most had limited formal educational qualifications. All of these students, however, were very experienced practitioners, occupying jobs which would have entailed a high level of thinking.

Students, in general, were expected to attend an institution of education for a specified amount of time. The case study data revealed, however, that the providers had incorrectly assumed that the ENB specified a level of attendance. It was difficult to assess whether providers were actually misinformed on this point or whether they were blaming the ENB for a regulation which they, themselves had imposed. One student, in case study two, for example, indicated that she thought the teachers would prefer students to attend every session. Education providers appeared to recognise the importance of offering flexible means of payment of course fees. A number of providers offered the option of direct debit payment over a period of several months, although few extended this facility to include payment by credit card. In general, the majority of students in the study had their fees paid for them by their employers. However, there were indications, during this time, that the climate was changing and that Trusts, increasingly were expecting nurses to pay for their own professional development. The nurses working in the private sector funded their own professional development, however, the company assisted them by offering an interest free loan scheme.

## *Teaching and Learning*

Arguably, the majority of flexible activities were concentrated within this section. In general, providers indicated that the content of the modules or programmes was mainly specified by the institution, teacher or external agency. However, data from the case studies revealed that, in reality, students were able to negotiate content in order to meet the collective needs of the group, or of the individual student. It appeared that in the majority of instances, the result of negotiated content ensured that the module offered material, which was relevant to the everyday practices of the student, or allowed exploration and discussion of issues which were current to nurses and nursing at the time. The case study data, in particular, demonstrated a shift away from the 'chalk and talk' approach, to more student-centred approaches such as group discussions, participatory exercises and discovery learning. Whilst the teacher appeared to remain the key 'resource' for the student, open and distance learning packages were also available as part of the programme. In addition to this, it appeared that students were being encouraged to seek out healthcare professionals with the relevant specialist knowledge and skills, in order to meet their learning needs. On occasions, providers themselves approached such individuals, so 'buying in' expertise which was not available within the institution.

In most instances, students appeared to have access to tutorial support outside of normal working hours. The interpretation of 'normal working hours', however,

varied. Most teachers were prepared to meet with students to discuss their work during their own coffee and lunch breaks, for example. Some teachers, extended this facility to include meeting students after work. In addition to this, a number of students had been able to contact their teacher during the evenings and at weekends. The notion of tutorial support offered a number of options, not just face-to-face contact. Teachers were available to students by telephone as well as via postal communication.

The case study data suggested that, in the main, the pace of a student's progress through a module or programme, was assessment led. In some instances, there were staged points within the modules or programmes, at which the students had to demonstrate achievement. In other modules or programmes, the final assessment was the only point at which progress had to be demonstrated. However, most modules or programmes also contained formative assessments. These enabled both the student, and teacher, to monitor the level of progress made. The level of flexibility surrounding pace of progress was largely dependent upon the number of times which the module or programme ran during the academic year. When the same module ran a number of times during the year, students could easily join a module which had started at a later date. This would enable them to take more time in studying the module. However, in some instances, modules or programmes only ran once a year. This meant that students had to wait a considerable time before resuming their studies. Dividing modules into units appeared to offer greater flexibility in terms of pace of



progress. Students could choose to take a long or short break from their studies, by varying the amount of time between units. However, the notion of students being able to control their pace of progress through a module, was problematic. In many instances, the only way a student could take more time to study a module was by joining a module which had started at a later date. Parallels may be drawn here to past practices of 'back setting' or 'back classing' a student. Increased flexibility of finishing dates would have allowed the student some control over their pace of progress, whilst continuing on the same module.

### ***Assessment***

In the majority of modules and programmes, summative assessment took the form of a written assignment, with a set word limit. Whilst it appeared that some providers allowed students to submit a variety of materials for the assessment process, for example, videos, tape recordings and poster presentations, these were in the minority. Flexibility in the assessment process appeared to be focused mainly on the topics of assignments. Here, students were able to negotiate with their teachers the subject matter of the assignment. This offered students the option to concentrate upon something which was relevant to the needs of their clinical area or their own practice. Assessment of practice was deemed by both providers and Trusts to be an important component of a number of modules and programmes. Flexibility in this aspect of the assessment process, again appeared to focus on the subject matter. The data

from the case studies, however, also suggested that, in some instances, the timing and nature of the assessment could also be negotiated. Flexibility here appeared to depend upon the extent to which clinical assessors understood the parameters of flexibility available to both them and the students.

### **The Impact of Flexible Learning for the Learner**

Overall, students appeared to welcome the opportunities which flexible learning offered them. The process had enabled greater participation in continuing education activities, as a result of widened entry gates due to AP(E)L. Strong evidence to support this was seen in case study three, where students had been given the opportunity to study a degree level programme, despite the fact that few, if any, had the formal educational qualifications, which were usually required. Flexibility of location had meant that students were often able to attend classroom sessions on a site which was close to either their home or work. As a result, students were able to balance study with work and home life. Being able to attend sessions locally, for example, meant that existing child care arrangements needed only to be extended by an hour or two. Travelling great distances to a study centre, may have meant this was not possible. For others, transport arrangements, in general prohibited attendance. Timing also proved an important issue in terms of participation. Having a degree of flexibility in when they started a module meant that they were able to plan their entire programme of study to match both their home life, and any unexpected occurrences. In

addition to this, part time study, which was flexible enough to enable nurses to continue with their full time employment, opened opportunities for those nurses who were the main wage earners.

For a number of years, the issue of the theory practice gap, had been a main feature of discourses on continuing education between institutions and Trusts. Education institutions were often accused by Trusts of delivering programmes which contained few links to practice. One of the features of flexibility, as suggested by the findings of this study, was that students were able to choose topics for inclusion within the modules, which related to their practice. In addition to this, however, flexibility in the choice of subject matter for assignments offered students an opportunity to explore an issue which was relevant to their own practice and the clinical area. In some instances, students discussed possible subject matter with their managers. As a result, a student might produce a patient education package, for example. This could then be used by other members of staff on the ward, to benefit patient care. Having the opportunity to link theory to practice, in this way, meant that students could see the relevance of undertaking continuing education. It is possible that this could prove a factor in motivating students to pursue further study programmes.

Most students appeared to welcome the notion of taking responsibility for their own learning, although, as previously discussed, the process was not without its problems. The learner-centredness of the programmes, appeared to offer the

student a degree of control over the learning process. The addition of open learning, as part of a module or programme, also meant that students were offered choice in when and where to study. In some instances the use of open learning packages had reduced the need for students to travel to the site of the education institution. The degree of choice in the modules studied as part of an award, appeared to enable students to 'customise' the education programme, to meet their own learning needs.

### **Management of Flexible Learning**

It became apparent, at a relatively early stage in the research study, that the learners, teachers and providing institutions, were not the only stakeholders in flexible learning in nurse education. Employers, both at local and regional levels were also key stakeholders. Furthermore the range of other different groups and agencies, that had a stake in flexibility, complicated any consideration of the aims and purposes of flexibility in professional development programmes. Arguably, society in general, government, employers, accrediting institutions, colleges and providing institutions, teachers, students and patients/clients, all potentially had an interest in the nature of nurse education and whether or not, it was 'flexible.' In addition to this, it appeared that the various stakeholders had their own notions of 'flexible' nurse education. These complications raise a number of issues.

Any improvements in provision, by increased flexibility, in any particular dimension of a module/programme, would only be viewed as valuable by students, if it was relevant to them. For example, for a student, being able to choose the starting date of a module may be irrelevant if the location at which it was offered was inaccessible. In a similar vein, for lecturers, being able to negotiate the learning activities, may be of little importance if they wished to negotiate the content. In addition to this, a module/programme would not be deemed flexible by any particular stakeholder if, in any dimension, it was perceived to be not sufficiently flexible. So, a programme may have some flexibility in a number of dimensions but not be sufficiently so in any of them to make a difference. Perhaps not surprisingly, the communication of flexibility emerged as an important management issue within this research study.

Common sense would suggest that a programme would not be deemed flexible by any stakeholder unless they were aware of its flexibility and comprehended the significance of that flexibility.

Changes in provision in any particular dimension of flexibility would have both advantages and disadvantages to any stakeholder. For example, central government may value the increased uptake of professional development opportunities through increased flexibility, but may be concerned at the increase in resources required to manage flexible learning effectively. Students might value the self-directedness and autonomy that the increased flexibility offered, but might not value the increased responsibility and effort the self-direction

demanded. To an extent, the different stakeholders appeared to be 'nested' within each other. The scope for flexibility for the lecturer was nested within the education manager's scope for flexibility which in turn was nested within the scope for flexibility given by the institution and the accrediting body. This 'nesting' reflected flexibility at the practice or teaching and learning level, the management level and the policy level, respectively. At the heart of the relationships was the accountability between the different levels which took different forms, for example, contractual, moral and/or professional.

To judge a module/programme as 'high quality' as a result of its flexibility using interpretations of quality such as 'fitness for purpose' demanded that the purpose was valued. It was likely that different individuals, groups or agencies would value the flexibility of modules/programmes differently. For example, increasing flexibility by the provision of courses outside working hours, might be valued by nurses who were ambitious to advance their career and to employers who did not wish to pay for nurses to attend education programmes during working hours. Such provision, however, may not be similarly viewed by the families of those nurses, nor those who are responsible for teaching the modules/programmes. Similarly, flexibility in negotiating course content may be valued by nurses and their teachers but this view may not be shared by those with responsibility for the accreditation and validation of the programme.

Any particular stakeholder, however, would be subject to dynamic pressure to increase or reduce flexibility. For example, a lecturer might make herself available to learners outside normal working hours, but a change in her family circumstances might prevent the level of access she intended. A college or university might find that, because of changing resource constraints, it was unable to offer a module/programme at the number of locations initially planned. The dynamic nature of stakeholders' needs complicated the management of flexible learning. Those responsible for managing flexible learning had to balance competing purposes, weigh the advantages and disadvantages that any change in provision might bring, had to understand the accountability relationships with the different stakeholders and had to cope with the dynamic and changing needs and requirements of the stakeholders. One way in which education providers appeared to be managing this difficult task was to work with the different stakeholders, particularly learners and employers, in planning, providing, evaluating, and improving post-registration opportunities. This collaboration would seem to be crucial for effective practice in the management of flexible learning. For providers of nurse education, however, competing ideas surrounding the notion of meeting the needs of stakeholders, appeared to make the management of flexible learning complex. Moreover, this situation appeared likely to be true of every aspect of the management process.

The findings from the study, suggested that there were particular difficulties in the area of quality assurance within flexible learning programmes. A general

lack of staff development, differences in teachers' knowledge of subject matter and teaching abilities and variability of resources across sites, appeared to pose a particular threat to the quality of the modules or programmes. Interestingly, these findings were consistent with those of the Higher Education Quality Council (1994). In particular however, this study identified a lack of agreed and documented parameters of flexibility for negotiations of any nature, between students and teachers or their clinical assessors.

### **Evaluation of Flexible Programmes**

The evaluation of education programmes may be seen as a vital component in the process of quality assurance, as it enables providers of education to assess whether or not they are meeting the needs of the various stakeholders. Prior to 1993, when the ENB produced a quality assurance mechanism for monitoring and evaluating the quality of educational provision, quality assurance in nurse education was limited and the nature and extent of education evaluation, varied between institutions. With the introduction of a more student-centred approach, Colleges of Nursing began to seek the opinions of students about the courses/programmes/pathways which they offered.

Institutional responses to student evaluation, could occur at two levels. Firstly, there were the minor changes which could be made immediately to a module/programme, so accommodating the wishes of a particular set of



individuals undertaking the module/programme at a given time. Secondly, there were changes which could be made to modules/programmes as a result of longitudinal information, gathered from students over a particular period of time, usually a year. The data from the case studies suggested that managers and teachers acted upon comments from the student groups currently studying a particular module or programme. There was, however, little evidence of longitudinal evaluation data.

None of the colleges which took part in the case studies had evaluation instruments which focused specifically on the flexible nature of the programme. Informal evaluation appeared to be undertaken by most teachers. In the main, this focused on the content of the module/programme and the teaching and learning styles employed. Whilst this process could prove useful, too great a reliance upon informal evaluation, however, may not be appropriate as the information, if not recorded, can be lost to the education institution. Following the analysis of the case study data, the performance indicators for the effective management of flexible learning in post-registration nurse education, were revised. In particular, the number of aspects of management practice was extended in line with the segregation of some of the dimensions of flexibility. Secondly, the number of aspects of performance was extended to take account of the new dimensions that emerged during the case studies. The most significant of these being:

- the collaborative planning of the module/programme involving learners and employers;
- the inclusion of modularisation and sub-modularisation;
- the inclusion of credit-rating;
- extending the dimension which covered the choice available to the learner;
- including a dimension which covered the provision of information to the learner;
- the inclusion of sponsorship of the learner by her/his employer.

Lastly, all the performance indicators were reviewed to ensure that indicators were not included unnecessarily and that some indicators which the focus group had included, such as the need for provision of staff development, in relation to flexible learning and, the need to consider equality of opportunity, were included in the core performance indicators. The form of the questions was changed from a form which encouraged a check-list style of answering that was 'yes' or 'no' to one which enquired of the nature of practice and were characterised by 'How do/are...?' questions or questions which begin 'In what way do..?' In the final version, the core indicators are given in normal type while those additional non-core indicators, are presented in italics (see Appendix 16). This study has, in

essence, defined the areas in which improvements can be made (the dimensions) and identified the considerations that should be made and actions that could be taken (the performance indicators) if practices are to be improved. As such these performance indicators offer all education providers a potential tool with which to audit flexible learning approaches.

### **Implication of Flexibility within Higher Education**

Since this study was undertaken, the amalgamation of Schools and Colleges of Nursing and the incorporation into institutions of higher education has been completed. As a result, a number of universities in England now contain faculties, dedicated to providing education for health and social care professionals. During the past few years, flexible learning has also become high on the agenda of institutions of Higher Education. The reasons for this, appear to lie, primarily, in a world-wide economic climate which is forcing organisations, in general, to change focus and move away from increased mass productivity, towards customisation, choice, niche marketing, quality and flexibility. This general trend, sometimes termed post-Fordism (Evans 1995), or post-industrial (Edwards 1994), has impacted on the university system, where massification has been accompanied by decreased units of resource and increased global competitiveness. It would appear that the favoured tool for dealing with such contemporary problems, is flexibility. The reason for this has probably been due to the fact that flexibility has been associated with meeting

consumer demands for variety and choice, whilst also offering the potential to facilitate rapid change when new consumer needs are identified.

The findings of this study would suggest that the concept of flexibility is both difficult and problematic, and it would appear that the issues surrounding increased flexibility in Higher Education are rarely discussed within these institutions. This is particularly true with respect to the implications of employing flexibility as a response to current problems of the university system. Increased flexibility raises a number of issues which need to be considered at various levels within universities. For example, at an organisational level, changes in the scheduling of sessions, in order to accommodate the variable needs of students, requires that managers and lecturers alike redefine what constitutes the working day/week, the vacation, and the concept of 'out of normal office hours.' Changes in the lecturers' patterns of working, as a result of increased flexibility, need to be reflected in their contracts.

In addition to this, flexibility of location and mode of delivery, suggests the need for a radical rethink of the workplace. Computer networks between home, university and students on distance learning programmes, sometimes in different time zones for example, also requires a redefinition of the term, 'off duty.' The implications of such working practices for lecturers indicates the need for formal systems for recouping costs of telephone and fax from home. The increase in

time spent by lecturers working from home may require managers of universities to rethink the current practices of providing individual office space for all staff. Greater consideration may need to be given to the concept of a module or programme office. Here a duty roster for lecturers would ensure that someone was always available for the students, either to talk to them face-to-face or by telephone, fax or e-mail. In addition to this the practice of hot desking may also need to be considered as increased flexibility requires that lecturers work across different campuses within the same university.

In the time span during which this study was carried out, the normal pattern of employment for teachers had been a full or part-time contract with the College of Nursing or respective educational institution. The amalgamation of nurse education into universities has meant that teachers or lecturers now often hold a portfolio of contracts, with a number of different organisations. For example, whilst holding a contact with the university, nurse lecturers may also hold part-time contracts with NHS Trusts, or private organisations, involved in healthcare provision. In addition to this, lecturers may also hold research contracts as well as part-time distance learning contracts. Flexible employment, however, may lead to far from flexible controls and accounting procedures and administrative solutions may have effects beyond the administrative domain, affecting collegiality and a sense of belonging to and being valued by the organisation. Schools and Colleges of Nursing were, in many senses, communities, as were universities. However as Smith and Webster (1997) suggested, it would appear

that there has been a move away from a community (Gemeinschaft) towards an organisational (Gesellschaft) model. As a result, lecturers' psychological contracts, within an organisation, are likely to become one of a calculated means to individual career goals.

There are also, however, andragogic and economic implications of flexibility. The andragogic implications, in the main, focus on the commodification of learning, the development of a body of study into a consumer package, characterised by standardisation, quality control, efficiency of delivery and cost-effectiveness. The commodification of learning has generally been regarded as a consequence of the massification of higher education. The concept of knowledge as an elite 'good', with an intrinsic worth, has given way to the concept of knowledge as a saleable commodity, with a market value. In the age of consumerism in education, Usher (1992) suggested that the student was able to commodify his or her educational experience in exchange for a qualification. Edwards (1994) noted that, knowledge was exchanged on the basis of the value it had to the consumer and interestingly, Smith and Webster (1997) suggested that such a situation had the potential to create excessive vocationalism in curriculum construction. The current trends in nurse education may well support such a notion. Within universities as a whole, however, this could mean the expansion of such subjects as marketing and finance at the expense of others, such as anthropology and philosophy. The commodification of learning has been the subject of debate in a number of studies (see for example Peters 1989;

Evans 1995; Rumble 1995; Scott 1995; Johnston 1997; Jakupiec 1997; Brown and Scase 1997). Distance learning, in particular, may be seen as offering a good example of commodification. Here the learning is presented as a consumer package and often the presentation and marketing of the material will have received the same level of attention as the content or aspects of student support.

There are advantages, however, to the notion of consumerism in education. In a consumer society, rightly concerned with quality assurance and value for money, commodification has led to a more transparent package, where the recipient can assess whether the module or programme is 'fit for purpose.' Arguably the need for such transparency has concentrated the minds of lecturers in determining clear aims and learning outcomes and measures of evaluating, whether or not these have been met. Feedback on performance and other matters, is now more generally built into the system of education provision, to the benefit of students and lecturers alike. There are however, similarly disadvantages to the concept of consumerism in education. Too much concentration on predetermined aims and learning outcomes may lead to an overly instrumental approach, limiting the organic nature of learning. With distance learning too, there may be a concentration on what is commercially viable at the expense of what may be educationally desirable. Universities are already moving their focus of operations from being in the education business, a provider driven model, to being in the certification business, a consumer model (Coffield and Williams 1997; Brown and Scase 1997; Smith and Webster 1997).

As knowledge accreditors and brokers, rather than knowledge generators and disseminators, it is likely that it will be the image of the certifying institution which counts and the link between the intrinsic quality of any particular module or programme may, in the commercial world, be tenuous.

Education is now big business on both a national and international scale. The economic implications of increased flexibility in education provision have, therefore, tended to centre around the issue of globalisation. It would appear that the majority of universities are now keen to 'export' their modules and programmes to other countries, particularly those in the developing world.

Whilst distance learning packages may prove a useful mode of delivery in such circumstances, increasingly universities are becoming keen to 'export' an education package which includes lecturers as well. This results in a programme of education which includes face-to-face delivery. The notion of education as an export commodity, however, raises a number of issues. Education is rarely, if ever, value free. Arguably all education courses from western countries will contain an element of undercurrent of the cult of individualism, personalism, empowerment, certification and competitive striving. Such values may not sit so easily in the underdeveloped world. As a result, there may be unforeseen consequences such as the development of 'alien' sub-cultures which could lead to conflict both at the level of the individual and society as a whole. The value of such overseas programmes to the financial coffers of western universities also raises issues concerning the intentions of those involved in such programmes.



What may be seen as the best intentions may, sadly, be misplaced in such circumstances.

A second potential problem of globalisation is that, in order to maximise the potential market for their programmes, universities may standardise and homogenise their content. This has been seen as the 'MacDonaldization' of education and could be dysfunctional in that, by seeking majority appeal, there will inevitably be a marginalisation of minority cultures which would not be amended by niche or customised programmes. A counter point of view, however, would be that in order to both capture and maintain a valuable share of the market, universities will need to be imaginative and creative in the programmes they deliver, as well as responsive to the needs of their 'customers.' Whilst this point of view may sit more comfortably with the concept of lifelong learning, there are clearly both organisational and economic implications of such an approach, and these may ultimately prove prohibitive.

The improved access to education that flexibility has been seen to bring to the concept of globalisation may prove of little value. The notion that developing nations would be able to leapfrog the development of intermediate and modern technologies and plunge straight into using the internet, could prove unrealistic. Evans (1995) warned that *'the virtual world has not shrunk uniformly'* (p 259). The more likely scenario would be of a rather distorted virtual world, in which *'poor nations would be further removed, relatively, from each other and*

*especially from the places of power and influence'* (Evans 1995 p 259). A further economic concern regarding globalisation is that already there appears to be too many universities seeking business within a limited market. Scott (1997) suggested that one possible effect of this would be Darwinian, in which only the 'fittest' survived. However, it is unclear as to whether the 'fittest' in this sense would be based on considerations of quality. It would seem more likely that cost would be a prime consideration. Bad educational programmes don't always equate with low cost. However, market trends could create an environment in which programmes with impoverished curriculum, low levels of student support and lightly assessed qualifications but offered at low cost, could force out those of higher quality but necessarily, higher cost. In addition to this, Melody (1997) suggested that it was likely that market monopolies would be created. As a result only consumers who were prepared to pay high prices would be able to purchase education. In such a situation it is likely that many people would be excluded, including those in developing countries.

Interestingly, there is already evidence of universities joining forces in order to capitalise on market opportunities. One example of this is the Scottish Enterprise group composed of universities of Glasgow, Edinburgh, Heriot Watt and Strathclyde. This is also happening, however, on an international level. It would seem likely, therefore, that globalisation will have the effect of repositioning universities at a greater distance from their national ministries of

education and much closer to such ministries as trade and industry and overseas development (Melody 1997).

## Conclusions

The findings from this study indicated that the nature of nurse education has changed dramatically in recent years with, it would appear, efforts being made to adopt flexible approaches in order to accommodate the needs of the students. Implementing flexible approaches to the provision and management of nurse education can however prove problematic. Flexibility in the curriculum for example may result in the generation of systems which might be perceived as complicated. Despite possible difficulties, Anne Dean, writing in the journal *Nurse Education Today* in 1998 pages 343-344, Guest Editorial, argued for the continuation of such practices. Quoting Haldane and Haldane's (1994) work which linked the definition of flexible learning, in the context of continuing education, with the workplace, she suggested that whilst providing flexibility not only benefitted the students, *'the push from Nationals Boards has been clear; our purchasers are also very clear about the benefits of flexibility in provision.'* There is however, little empirical evidence to support the notion that, flexible approaches to the provision and management of continuing education programmes leads to the development of practitioners who can react in a flexible manner to the changing world of work. It would seem more likely that the management and organisation structures of healthcare providers might have

a greater impact on the ability of a practitioner to respond to changes in health and social care delivery. The ENB (1994) indicated the need for Trusts to become learning organisations. Clinical supervision was also suggested as part of the process for developing a culture which supported, personal and professional growth. Research into the nature of organisational cultures which supports such personal and professional growth may however be needed, together with the acceptance by healthcare providers of the responsibilities they have in the creation of such a culture.

It would seem likely that the key skills needed in the third millennium will be those of expertise in the area of technology, entrepreneurship, vision and open mindedness, critical thinking and adaptability (Townsend, Clarke and Ainscow 1999). In addition to this, a commitment to personal growth and lifelong learning would appear essential in order to cope with the predicted, continuous and rapid changes which individuals can expect to meet in all aspects of their lives. In a recent positional paper, the Council of Deans and Heads of Faculties of Nursing Midwifery and Health Visiting (1998), suggested that lifelong learning for nurses and midwives had '*become unnecessarily complex and unwieldy*' (p 9). Lack of clarity surrounding the notion of specialist practice and the specialist practitioner, as nurtured by the UKCC, had contributed to this. The picture had been further confused by '*such developments as the Higher Award (ENB), the educational aspirations of Health Care Trusts who wish to lead their*

*own education programmes and the entrepreneurial aspirations of individual Universities'* (Council of Deans 1998 p 9).

The National Committee of Inquiry into Higher Education, (Dearing Report) (1997) stressed the need for collaboration between institutions of Higher Education and the world of business and commerce. It would appear that a number of these collaborative partnerships already exist. For example, Ford, Rover, Anglian Water, Motorola Ltd, British Aerospace and Sheffield City Council, in collaboration with educational partners, have established programmes for their employees, as a major part of education provision for lifelong learning (Government Green Paper 'The Learning Age' 1998a). The importance of such programmes is that they are viewed as providing development for the individual, whilst for the company there is the assurance of a work force with the relevant skills and knowledge to keep it both productive and competitive. Despite the fact that there has always been a link between the education of nurses and the needs of the hospitals, relationships between Trusts and providers have often appeared strained. As a result there have been calls for the ties between such collaborating organisations to be strengthened (Universities of Liverpool and Warwick 1996). It would seem likely that both Trusts and providers of nurse education have much to learn from these collaborative partnerships between education providers and industries. The relatively recent introduction of work-based learning modules and programmes

by a number of nurse education providers might however provide a basis for collaborative partnerships between providers and Trusts.

The findings from this study suggested that flexibility in the provision and management of post-registration nurse education encouraged individuals to participate in the learning process. Whilst further research may be required into the practices of managing flexible provision, the possible benefits to patient care as a result of practitioners engaging in the process of continuing professional education cannot be ignored.

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# **Flexibility as a Dimension in the Provision and Management of Post-registration Nurse Education**

## **Appendices**

|                               |             |  |
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## **Appendix 1**

### **UKCC A New Preparation for Practice - 1986 Summary of Project 2000 Recommendations**

1. There should be a new registered nurse competent to assess the need for care, provide care, monitor and evaluate and to do this in institutional and non-institutional settings.
2. Preparation for registration should normally be completed within three years.
3. All preparation for registration should begin with a common foundation programme followed by branch programmes.
4. The common foundation programme should be a substantial part of preparation, lasting up to two years.
5. Branch programmes should be available, in mental illness, mental handicap, nursing adults and nursing children, with experimentation in a branch for midwifery.
6. In the case of midwifery, there should also be an 18 months' post-registration preparation.
7. There should be a new, single list of competencies applicable to all registered practitioners at the level of registration and set out in Training Rules.
8. All future practitioners should register with Council. The area of practice should be indicated on the register.
9. Midwives should debate the new registered practitioner outcomes in the light of their special needs.
10. There should be a coherent, comprehensive, cost-effective framework of education beyond registrations.
11. There should be specialist practitioners, some of whom will also be team leaders, in all areas of practice in hospital and community settings. The requisite specialist qualification will be recordable on Council's register.
12. Health visiting, occupational health visiting and school nursing should be specialist qualifications on health promotion which are recordable on Council's register.
13. District nursing, community psychiatric nursing and community mental handicap nursing should be specialist qualifications which are recordable on Council's register.
14. Students should be supernumerary to NHS staffing establishment throughout the whole period of preparation.
15. There should be a new helper grade, directly supervised and monitored by a registered practitioner.
16. Students should receive training grants which are primarily NHS-controlled. These grants should be administered via National Boards and should derive from a separately identified education budget.
17. The position of teaching staff should be improved with a view to enhancing performance and allowing teachers opportunities for further training and for full participation in wider educational activities.

18. The full range of options to achieve the appropriate concentrations of educational resources should be considered, including re-establishments, partnerships, consortia etc.
19. institutions Educational costs should be clearly identified and heads of educational should be given responsibility for management of a more comprehensive and clearly delineated education budget.
20. Practitioners should have formal preparation for teaching roles in practice settings.
21. Moves should be made to establish teaching qualifications at degree level for teachers of nursing, midwifery and health visiting.
22. Joint professional and academic validation should be pursued from the very outset of change, in order to achieve academic recognition for professional qualifications.
23. Programmes of training for entry to the EN parts of the register should cease as soon as practicable.
24. The enhancement of opportunities for ENs to enter RGN, RMN, RNMH and RSCN parts of the register should be given priority.
25. Urgent consideration should be given to creating a new organisation structure to implement the proposals of Project 2000.

## **Appendix 2**

### **Researcher's Reflective Account of Flexible Learning**

I have had no personal experience of working with flexible learning approaches. The Colleges in which I work continues to have a somewhat traditional approach to education, particularly in the area of initial nurse education which encompasses the main part of my work. Whilst adult education and student centredness are phrases which are included in the mission statement of the college, there is an element of rhetoric associated with this. For example, whilst students as adult, in principle take responsibility for their own learning, in reality if a student fails an assignment, teachers are often chastised by management for not helping the student sufficiently. This is despite the fact that often such students rarely seek out their personal teachers to discuss their work or their overall general progress. Whilst myself and a number of my fellow colleagues are prepared for students to take responsibility for their own learning, the senior management level within the college appear less inclined.

The notion of the student taking responsibility for their own learning appears to me to be central to the concept of flexible learning. However I know from talking to fellow colleagues and interviewing nurse teachers on the topic that this creates difficulties for some individuals. A number of teachers have spoken to me about their concerns regarding a perceived loss of 'control' over the



students' learning. This raises issues concerning the level of control which teachers really do have over students' learning. A comment which has stayed with me from researching teachers views on self-directed learning in 1991 appeared to sum up the feelings of a number of individuals at the time. 'If I've taught them in the classroom then I know that they know, but how will I know that they know if they go off by themselves?' In addition to this, my past experience of working with the English National Board has been one of an accrediting body with rather rigid ideas. It occurs to me that there will need to be changes of attitude on all three levels, that is accrediting body, college management and teachers if flexible learning is to be given a chance.

There has been some recent evidence however that the views of the Board might be changing. The open learning project, in particular would suggest a new approach to post-registration education together with such publications as Lifelong Learning (ENB 1994). In my own college the enrolled nurse conversion programme has probably offered a degree of flexibility.

Accreditation of prior learning and a part-time programme of study has clearly enhanced access opportunities. In addition to this the use of open or distance learning material has enabled students to study at times and location which suited them and fitted in with their family life.

Flexible approaches to learning appear to offer a means of providing lifelong learning opportunities. The ENB Framework for continuing professional

education for nurses, midwives and health visitors implies choice as a result of a modular system with a number of pathways leading to an award. In addition to this the framework appears to offer students the opportunity to accumulate credits from their learning as well as clearly placing a value on the learning which takes place in practice.

### Appendix 3

## THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project Funded by the English National Board  
for Nursing, Midwifery and Health Visiting*

Name of Education Establishment.....

Name of contact person.....

Telephone number.....

### Question 1

Please list below the post-registration courses for nurses, midwives and health visitors that will be offered by your establishment during the next 12 months.

Please include:

- all higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- other courses which have a duration of 60 hours of study or more.

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Please continue overleaf

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**Question 2**

Please put a tick alongside any course listed in Question 1 which you consider to use a flexible mode of learning.

**Question 3**

Please explain why you consider the courses you have ticked are flexible in the mode of learning they use.

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Please return this questionnaire by June 21st, 1994 to:

Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation.

## Appendix 4

### THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project Funded by the English National Board  
for Nursing, Midwifery and Health Visiting.*

Please complete the following statement.

A course could be described as using flexible modes of learning if it:-

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Please give examples of flexibility in teaching and learning in your own practice in post registration nurse education.

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Please return by September 5th 1994

Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

### About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

### How to complete the questionnaire

1. Choose one **module** offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one **course** which you consider to be flexible. Select only a module/course which fits one of these categories.

- higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

|   |   |
|---|---|
| Access and Provision  |   |
| Provision of module/programme   |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                     | ✓ |
| 2. No minimum number of students for the module/programme to run                                  |   |
| Location of module/programme  |   |
| 1. The institution offers this module/programme at one location only                              |   |
| 2. The institution offers this module/programme at more than one location                         | ✓ |
| Time of the module/programme  |   |
| 1. The module/programme is offered outside normal working hours                                   | ✓ |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only      |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only | ✓ |

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

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# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

Name of education establishment/trust.....

Name of contact person.....

Telephone number.....

Title of module/course.....

Is this a module or course? Please indicate with a tick.    Module ☐      Course ☐

If module, please indicate level.....

Total number of hours of learning for module/course.....

CATS-rating.....

Is this module/course ENB approved? Please indicate with a tick. Yes ☐      No ☐

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |  |
|---|--|
| <b>Access and Provision</b>   |  |
| <b>Provision of module/programme</b>  |  |
| 1. Module/programme only runs when a minimum number of students have enrolled                                   |  |
| 2. No minimum number of students for the module/programme to run  |  |
| <b>Location of module/programme</b>   |  |
| 1. The institution offers this module/programme at one location only  |  |
| 2. The institution offers this module/programme at more than one location                                       |  |
| <b>Time of the module/programme</b>   |  |
| 1. The module/programme is offered outside normal working hours   |  |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only                    |  |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only               |  |
| 4. The module/programme is offered outside normal working hours, on weekday evenings and weekends               |  |
| 5. The timing of the module/programme is negotiable to meet the needs of the individual                         |  |
| 6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630 |  |
| <b>Module/programme choice</b>  |  |
| 1. Module/programme the only option at a particular time  |  |
| 2. Module/programme always offered as one of a choice of the same group of modules                              |  |
| 3. Module/programme offered as one of a choice of a different group of modules on each occasion                 |  |
| <b>Range of mode of study</b>   |  |
| 1. Learners can select any one of a wide range of modes of study  |  |
| 2. Learners can select any one of a limited range of modes of study   |  |
| 3. Learners are able to negotiate to use a mode of study of their choice  |  |
| 4. Mode of study specified by the teacher, institution or external agency                                       |  |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |  |
|---|--|
| <b>Access and Provision Continued</b>   |  |
| <b>Starting date of module/programme</b>  |  |
| 1. One fixed point during the year  |  |
| 2. Some choice for example two or more entry points during the year   |  |
| 3. Entry at any time  |  |
| <b>Entry requirements</b>   |  |
| 1. Specific qualifications and experience required  |  |
| 2. Specific qualifications required   |  |
| 3. Range of qualifications and experience accepted  |  |
| 4. Evidence of learning from appropriate experience accepted (eg APEL)  |  |
| 5. No entry requirements  |  |
| <b>Mode of attendance</b>   |  |
| 1. No requirement to attend an educational establishment for module/programme learning activities                       |  |
| 2. Negotiated requirement to attend an educational establishment for module/programme learning activities               |  |
| 3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time |  |
| 4. Requirement to attend all module/programme learning activities at a specified time                                   |  |
| <b>Finishing date of module/programme</b>   |  |
| 1. Fixed finishing date   |  |
| 2. Negotiable finishing date  |  |
| 3. Negotiable within a fixed time span  |  |
| <b>Payment for module/programme</b>   |  |
| 1. Payment in full before the module/programme commences  |  |
| 2. One payment in full at beginning of module/programme   |  |
| 3. One payment in full at fixed point during the module/programme   |  |
| 4. Payment by cheque or cash only   |  |
| 5. Payment by credit card accepted  |  |
| 6. Direct debit payment over several months   |  |
| 7. Interest-free loan from local Hospital/Hospital Trust  |  |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |  |
|---|--|
| <b>TEACHING AND LEARNING</b>  |  |
| <b>Content of the module/course</b>   |  |
| 1. Content specified by the teacher, institution or external agency   |  |
| 2. Narrow choice of content   |  |
| 3. Wide choice of content   |  |
| 4. Content negotiated to meet learner's needs   |  |
| 5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL            |  |
| <b>Mode of teaching and learning</b>  |  |
| 1. Only activities such as lecturing, note-taking and reading prepared materials                              |  |
| 2. Activities as above with other activities such as discovery learning, and participatory exercises          |  |
| 3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises |  |
| 4. Only discovery learning and participatory exercises  |  |
| <b>Resources for teaching and learning</b>  |  |
| 1. Teacher/trainer sole resource  |  |
| 2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area |  |
| 3. Teacher/trainer + other people such as specialists or peers  |  |
| 4. Teacher/trainer + other resources and people   |  |
| 5. Learning packages of print material sole resource  |  |
| 6. Learning packages supplemented by tutorial and peer support  |  |
| 7. Learning packages supplemented by texts  |  |
| 8. Learning packages supplemented by, for example videos, CDs, computer software                              |  |
| <b>Access to tutorial support</b>   |  |
| 1. Tutorial support only available within time-tabled sessions  |  |
| 2. Tutorial support available outside time-tabled sessions in person and at fixed times only                  |  |
| 3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone               |  |
| 4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone  |  |
| 5. Access to tutorial support restricted to working hours   |  |
| 6. Tutorial support available outside working hours   |  |
| <b>Pace of progression through the module/course</b>  |  |
| 1. Pace determined by the tutor   |  |
| 2. Pace negotiated between the tutor and the student  |  |
| 3. Pace determined by the student   |  |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

| ASSESSMENT  |  |
|---|--|
| Pattern of summative assessment of theory and submission dates                              |  |
| 1. Assessment at end of module/course only  |  |
| 2. Assessment twice during the module/course with fixed submission dates                    |  |
| 3. Assessment twice during the module/course with negotiated submission dates               |  |
| 4. Assessment more than twice during the module/course with fixed submission dates          |  |
| 5. Assessment more than twice during the module/course with negotiated submission dates     |  |
| 6. No assessment  |  |
| Method of summative assessment  |  |
| 1. Unseen examination paper only  |  |
| 2. Unseen examination paper and other written assessment evidence, specified by teacher     |  |
| 3. Unseen paper and other written assessment evidence, negotiated by student and teacher    |  |
| 4. No unseen paper, range of written assessment evidence, negotiated by student and teacher |  |
| 5. A range of assessment evidence specified by the teacher                                  |  |
| 6. A range of assessment evidence negotiated by student and teacher                         |  |
| Assessment of practice  |  |
| 1. Same criteria for each student   |  |
| 2. Criteria based on individual student's learning needs                                    |  |
| 3. Criteria negotiated between student/teacher and assessor                                 |  |
| 4. Criteria negotiated between student and teacher  |  |
| 5. Module can be used to demonstrate competencies in a NVO framework                        |  |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## **Dimensions of Flexibility Questionnaire**

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:  
Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation

## **Appendix 6**

### **Performance Indicators for the Effective Management of Flexible Learning in Post-registration Nurse Education**

#### **Working Version**

##### **A. Time of the module/programme.**

**This set of indicators is concerned with the management of the time at which the module/programme is offered.**

**The purpose of effective management in this area is to improve access to the module/programme by offering it at a time which meets learners' individual needs.**

##### **Input**

###### ***In respect of the time of the module/programme:***

- A1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?**
- A2. Is the time of the module/programme influenced by the needs of the customer?**
- A3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?**
- A4. Have the implications of the additional resources required been considered?**
- A5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?**
- A6. Do the module/programme documents indicate the parameters within which negotiation can take place?**
- A7. Is information about the timing of modules/programmes made available to the learner?**

##### **Process**

###### ***In respect of the time of the module/programme:***

- A8. Is the effect on work patterns of members of staff monitored?**

A9. During the module/programme, is there an analysis of the effective utilisation of resources?

A10. Is information for learners on any changes regularly and frequently updated?

A11. Are learners able to negotiate any variations?

A12. Is time available in the module/programme for the teacher and learner to negotiate choices?

### **Outcomes/outputs**

#### ***In respect of the time of the module/programme:***

A13. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

A14. Are the needs of the customer met?

A15. Are resources used effectively?

A16. Are negotiations successfully conducted within the parameters described in the module/programme documents?

A17. Are the learners' individual needs met?

## **B. The location of the module/programme.**

**This set of indicators is concerned with the management of the location at which the module/programme is offered.**

**The purpose of effective management in this area is to improve access to the module/programme by offering it at a location which meets learners' individual needs.**

### **Input**

***In respect of the location of the module/programme:***

**B1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?**

**B2. Is the location influenced by the needs of the customer?**

**B3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?**

**B4. Have the implications of the additional resources required been considered?**

**B5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?**

**B6. Do the module/programme documents indicate the parameters within which negotiation can take place?**

**B7. Is information about the timing of modules/programmes made available to the learner?**

### **Process**

***in respect of the location of the module/programme:***

**B8. Is the effect on work patterns of members of staff monitored?**

**B9. During the module/programme, is there an analysis of the effective utilisation of resources?**

**B10. Is information for learners on any changes regularly and frequently updated?**

**B11. Are learners able to negotiate any variations?**

B12. Is time available in the module/programme for the teacher and learner to negotiate choices?

**Outcomes/outputs**

***In respect of the location of the module/programme:***

B13. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

B14. Are the needs of the customer met?

B15. Are resources used effectively?

B16. Are negotiations successfully conducted within the parameters described in the module/programme documents?

B17. Are the learners' individual needs met?



### **C. Constraints on whether a module/programme will be available.**

**This set of indicators is concerned with the management of whether a module/programme will be available or whether there are constraints on the availability such as a requirement for a minimum enrolment of learners.**

**The purpose of effective management in this area is to provide relevant learning experiences and to maximise the access to the module/programme by ensuring that the module/programme is available.**

#### **Input**

***In respect of restrictions on provision of a module/programme by factors over which the student has no control:***

C1. Is there a clear statement in all policy documents about minimising restrictions?

C2. Are restrictions on provision influenced by the customer?

C3. Have the implications of minimising restrictions on provision been considered in terms of the resources required?

C4. Has everyone involved in providing the module/programme been informed of restrictions on provision and the implications for flexibility?

C5. Do the module/programme documents indicate restrictions on provision?

C6. Is the information about the restrictions on provision made available to the learner?

#### **Process**

***In respect of restrictions on provision of a module/programme by factors over which the student has no control:***

C6. During the module/programme is there an analysis of the effective utilisation of resources in terms of minimising restrictions on provision?

C7. Is information for learners on restrictions on provision regularly and frequently updated?

C8. Are learners able to negotiate any variations?

## **Outcomes/outputs**

***In respect of restrictions on provision of a module/programme by factors over which the student has no control:***

C9. Do all those involved in providing the module/programme have a clear understanding of implications for flexibility of restrictions on provision?

C10. Have resources been used effectively in minimising restrictions on provision?

C11. Are negotiations about any restrictions on provision successfully conducted within the parameters described in the programme documents?

C12. Are the learners' individual needs met?

#### **D. Range of choice of module/programme.**

**This set of indicators is concerned with the management of choices of modules/programmes**

**The purpose of effective management in this area is to provide relevant learning experiences and to meet individual learning needs.**

#### **Input**

##### ***In respect of the range of choice:***

D1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

D2. Is the range of choice influenced by the needs of the customer?

D3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

D4. Have the implications of the additional resources required been considered?

D5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision/

D6. So the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?

D7. Is information about the range of choices made available to the learner?

D8. Does the design of the programme include an appropriate balance between core and option modules?

D9. Can learners select any one of a wide range of modules/programmes at different levels?

D10. Are learners offered guidance in their choice of modules/programmes?

#### **Process**

##### ***In respect of the range of choice:***

D11. Is the effect on work patterns of members of staff monitored?

D12. During the module/programme, is there an analysis of the effective utilisation of resources?

D13. Is information for learners on any changes regularly and frequently updated?

D14. Are learners able to negotiate any variations?

D15. Is time available in the module/programme for the teacher and learner to negotiate choices?

D16. Is the range of choice reviewed?

D17. Are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?

D18. Is information for learners on any changes regularly and frequently updated?

D19. Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

D20. Is there a staff development programme to enable staff to provide a greater range of choice?

### **Outcomes/outputs**

#### ***In respect of the range of choice:***

D21. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

D22. Are the needs of the customer met?

D23. Are resources used effectively?

D24. Are negotiations successfully conducted within the parameters described in the module/programme documents?

D25. Are the learners' individual needs met?

D26. Does information on the modules/programmes facilitate the choices made by the learners?

D27. By choosing appropriate modules, have the learners followed a coherent pathway?

D28. Are negotiations successfully conducted within the parameters described in the module/programme documents?

D29. How many learners study a further module?

D30. Are learners satisfied with the range of modules/programmes offered?

D31. Are learners satisfied with the guidance offered?

## **E. Range of modes of study available to the learner**

**This set of indicators is concerned with the management of the modes of study available to the learner.**

**The purpose of effective management in this area is to provide relevant learning experiences and to meet individual learning needs.**

### **Input**

***In respect of the range of modes of study:***

- E1. Is there a clear statement in policy documents about the extent to which flexibility should underpin provision?
- E2. Is the range of modes of study influenced by the needs of the customer?
- E3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?
- E4. Have the implications of the additional resources required been considered?
- E5. Do the module/programme documents indicated the parameters within which negotiation about the modes of study can take place?
- E6. Is information about the range of modes of study made available to the learner?
- E7. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
- E8. Can learners select any one of a wide range of modes of study?
- E9. Are learners offered guidance in their choice of modes of study?

### **Process**

***In respect of the range of modes of study:***

- E10. Is the effect on work patterns of members of staff monitored?
- E11. During the module/programme, is there an analysis of the effective utilisation of resources?
- E12. Is information for learners on any changes regularly and frequently updated?

E13. Are learners able to negotiate any variations?

E14. Is time available in the module/programme for the teacher and learner to negotiate choices?

E15. Is the range of modes of study reviewed?

E16. Are the college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?

E17. Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

E18. Is there a staff development programme to enable staff to facilitate different modes of learning?

### **Outcomes/outputs**

#### ***In respect of the range of modes of study:***

E19. Do all those involved in providing the modules/programme have a clear understanding of the implications of flexibility?

E20. Are the needs of the customer met?

E21. Are resources used effectively?

E22. Are negotiations successfully conducted within the parameters described in the module/programme documents?

E23. Are the learners' individual needs met?

E24. Does information on the modes of study available facilitate the choices made by the learners?

E25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

E26. Are learners satisfied with the range of modes of study offered?

E27. Are learners satisfied with the guidance offered?

**F. Range of starting/finishing dates of modules/programme.**

**This set of indicators is concerned with the management of flexibility of the starting/finishing date of the module/programme.**

**The purpose of effective management in this area is to increase access and to meet individual needs.**

***In respect of the range of starting/finishing dates:***

F1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

F2. Is the range of starting/finishing dates influenced by the needs of the customer?

F3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

F4. Have the implications of the additional resources required been considered?

F5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

F6. Do the module/programme documents indicate the parameters within which negotiation about the starting/finishing date can take place?

F7. Is information about the starting/finishing dates of the modules/programmes made available to the learners?

F8. Are administrative systems set up to allow more than one starting/finishing date?

F9. Is the relationship between the starting/finishing dates and seasonal factors and holidays considered?

F10. Is the relationship between the starting/finishing dates and semester and/or term times considered?

F11. Are courses designed so that learners are able to join at more than one point in the year?

F12. Do staff of the providing institution know the starting/finishing dates of modules/programmes in advance?

F13. Are opportunities made for learners, teachers and managers to agree starting/finishing dates?



F14. Do negotiation of starting/finishing date takes into account ENB regulations?

F15. Teachers and learners are aware of the parameters for the negotiation of starting/finishing dates?

### **Process**

#### ***In respect of the range of starting/finishing dates:***

F16. Is the effect on work patterns of members of staff monitored?

F17. During the module/programme, is there an analysis of the effective utilisation of resources?

F18. Is information for learners on any changes regularly and frequently updated?

F19. Are learners able to negotiate any variations?

F20. Is time available in the module/programme for the teacher and learner to negotiate choices?

F21. Can the finishing date be changed during the module/programme to meet the needs of the learner?

### **Outcomes/outputs**

#### ***In respect of the range of starting/finishing dates:***

F22. Do all those involved in providing the module/programme have a clear understanding of the implication of flexibility?

F23. Are the needs of the customer met?

F24. Are resources used effectively?

F25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

F26. Are the learners' individual needs met?

F27. Do the starting/finishing dates of modules enables learners to study further modules?

## **G. Range of requirements of entry to the module/programme.**

**This set of indicators is concerned with the management of requirements for entry to a module/programme.**

**The purpose of effective management in this area is to facilitate access to the module/programme.**

### **Input**

*In respect of the range of requirements of entry:*

G1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

G2. Is the range of requirements of entry influenced by the needs of the customer?

G3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

G4. Have the implications of the additional resources required been considered?

G5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

G6. Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

G7. Is information about the range of requirements of entry made available to the learner?

G8. Are there policies on equal opportunities with respect to entry to the module/programme?

G9. Is there a staff development programme in respect of the entry of learners to the module/programme?

G10. Is equality of opportunity monitored?

G11. Is there a policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?

G12. Can AP(E)L be used to meet the entry requirements for the module/programme?

G13. Are entry requirements set at the minimum level?

G14. Is there an access programme to facilitate entry to the module/programme?

G15. Can the requirements of entry to the module/programme be met in a variety of ways?

G16. Is guidance given to learners on how to meet the entry requirements?

### **Process**

#### ***In respect of the range of requirements of entry:***

G17. Is the effect on work patterns of members of staff monitored?

G18. During the module/programme, is there an analysis of the effective utilisation of resources?

G19. Is information for learners on any changes regularly and frequently updated?

G20. Are learners able to negotiate any variations?

G21. Is time available in the module/programme for the teacher and learner to negotiate choices?

G22. Does the content of the module/programme relate to the entry requirements?

### **Outcomes/outputs**

#### ***In respect of the range of requirements of entry:***

G23. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

G24. Are the needs of the customer met?

G25. Are resources used effectively?

G26. Are negotiations successfully conducted within the parameters described in the module/programme documents?

G27. Are the learners' individual needs met?

G28. Are staff development needs met in respect of learner entry to the module/programme?

G29. Do learners meet the requirements of entry to the module/programme in a variety of ways?

G30. Do pass-rates and completion rates indicate that learners are not disadvantaged as a result of meeting the entry requirements in different ways?

G31. Are learners satisfied with guidance on how to meet the entry requirements?

## **H. Requirement to attend sessions of the module/programme.**

**This set of indicators is concerned with the management of flexibility in respect of requirement to attend.**

**The purpose of effective management in this area is to facilitate access to educational opportunities**

### **Input**

*In respect of the requirement to attend sessions:*

H1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

H2. Is the requirement to attend sessions influenced by the needs of the customer?

H3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

H4. Have the implications of the additional resources required been considered?

H5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

H6. Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

H7. Is information about attendance made available to the learner?

H8. Does the requirement to attend take account of the distance from the study centre and social, economic and employment factors?

H9. Is staff availability and utilisation considered in relation to the learners' obligation to attend?

H10. Are the attendance needs of individual learners assessed?

H11. Is the requirement to attend negotiated?

H12. Are resources available to support a negotiated expectation of attendance?

H13. Are learners given acceptable notice of requirements to attend?

## **Process**

### ***In respect of the requirement to attend sessions:***

H14. Is the effect on work patterns of members of staff monitored?

H15. During the module/programme, is there an analysis of the effective utilisation of resources?

H16. Is information for learners on any changes regularly and frequently updated?

H17. Are learners able to negotiate any variations?

H18. Is time available in the module/programme for the teacher and learner to negotiate choices?

H19. Is learner attendance monitored?

H20. Is there assistance for learners who are struggling to achieve minimum attendance?

## **Outcomes/outputs**

### ***In respect of the requirement to attend sessions:***

H21. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

H22. Are the needs of the customer met?

H23. Are resources used effectively?

H24. Are negotiations successfully conducted within the parameters described in the module/programme documents?

H25. Are the learners' individual needs met?

H26. How many learners achieve the required attendance pattern?

H27. Are there differences in outcomes for learners who attend less often than others?

H28. Are individual attendance needs met?

## **I. Range of content of module/programme.**

**This set of indicators is concerned with the management of the level of pre-specifications of the module content and whether learners can negotiate the content of the module/programme or be exempt from part of it through, for example, AP(E)L.**

**The purpose of effective management in this area is to provide relevant learning experiences and to ensure that the content of the module/programme meets learners' individual needs.**

### **Input**

#### ***In respect of the content of the module/programme:***

- I1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
- I2. Is the content of the module/programme influenced by the needs of the customer?
- I3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?
- I4. Have the implications of the additional resources required been considered?
- I5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
- I6. Do the module/programme documents indicate the parameters within which negotiation about the content of the module/programme can take place?
- I7. Is information about the content of the module/programme made available to the learner?
- I8. Is there an AP(E)L policy?
- I9. Is the content of the module/programme relevant to contemporary care practices?
- I10. Have the customers been involved in the curriculum development of the module/programme?
- I11. Are teachers available to guide the AP(E)L process?

## **Process**

### ***In respect of the content of the module/programme:***

- I12. Is the effect on work patterns of members of staff monitored?
- I13. During the module/programme, is there an analysis of the effective utilisation of resources?
- I14. Is information for learners on any changes regularly and frequently updated?
- I15. Are learners able to negotiate any variations in the content?
- I16. Is time available in the module/programme for the teacher and learner to negotiate choices?
- I17. Is the AP(E)L scheme fully operational?
- I18. Are teachers and learners aware of the parameters for the negotiation of the content of module/programme?
- I19. Is the relevant of content evaluated during the module/programme?
- I20. Are the needs of the learner met?
- I21. Is the range of content negotiated by the learner documented?
- I22. Is there a staff development programme which enables staff to facilitate a range of content?

## **Outcomes/outputs**

### ***In respect of the content of the module/programme:***

- I23. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?
- I24. Are the needs of the customer met?
- I25. Are resources used effectively?
- I26. Are negotiations successfully conducted within the parameters described in the module/programme documents?
- I27. Are the learners' individual needs met?



I28. Can learners demonstrate achievement of learning outcomes?

I29. Are learners satisfied with the negotiation process?

## **J. Mode of teaching and learning.**

**This set of indicators is concerned with the management of the range and kind of teaching and learning activities used.**

**The purpose of effective management in this area is to encourage self-directed learning, recognise the role of experience in learning, provide relevant learning experiences and meet learners' individual needs.**

### **Input**

***In respect of the range and kind of teaching and learning activities used:***

- J1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
- J2. Is the mode of teaching and learning influenced by the needs of the customer?
- J3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?
- J4. Have the implications of the additional resources required been considered?
- J5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
- J6. Do the module/programme documents indicate the parameters within which negotiation about the kind of teaching and learning activities used during the module/programme can take place?
- J7. Is information about the kind of teaching and learning activities used during the module/programme made available to the learner?
- J8. Is there an agreed strategy for assessing the learning styles of individual learners?
- J9. Do teacher:learner ratios allow a variety of teaching and learning strategies to be used?

### **Process**

***In respect of the range and kind of teaching and learning activities used:***

- J10. Is the effect on work patterns of members of staff monitored?

J11. During the module/programme, is there an analysis of the effective utilisation of resources?

J12. Is information for learners on any changes regularly and frequently updated?

J13. Are learners able to negotiate any variations?

J14. Is time available in the module/programme for the teacher and learner to negotiate choices?

J15. Are teaching styles adapted to individual learning styles?

J16. Are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?

J17. Is there a staff development programme to enable staff to facilitate different modes of learning?

### **Outcomes/outputs**

#### ***In respect of the range and kind of teaching and learning activities used:***

J18. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

J19. Are the needs of the customer met?

J20. Are resources used effectively?

J21. Are negotiations successfully conducted within the parameters described in the module/programme documents?

J22. Are the learners' individual needs met?

J23. Does the use of different learning styles throughout the module/programme enhance the learner's development?

J24. Are the teaching methods effective and appropriate?

J25. Are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?

## **K. Resource for teaching and learning.**

**This set of indicators is concerned with the management of the range of material resources that are provided for teaching and learning other than the teacher.**

**The purpose of effective management in this area is to encourage self-directed learning, provide relevant learning experiences and to meet learners' individual needs.**

### **Input**

#### ***In respect of the resources for teaching and learning:***

K1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

K2. Is the resources for teaching and learning influenced by the needs of the customer?

K3. Have the implications of the additional resources required been considered?

K4. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

K5. Is information about the resources for teaching and learning used during the module/programme made available to the learner?

K6. Are library facilities accessible to all learners?

K7. Are the resources for teaching and learning adequate?

### **Process**

#### ***In respect of the resources for teaching and learning:***

K8. During the module/programme, is there an analysis of the effective utilisation of resources?

K9. Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library loan schemes and access to Information Technology?

K10. Are learners made aware of their entitlement to facilities?

K11. Is there a wide range of resources available?

K12. Are learners satisfied with the range of resources available?

**Outcomes/outputs**

*In respect of the resources for teaching and learning:*

K13. Are the needs of the customer met?

K14. Are resources used effectively?

K15. Are the learners' individual needs met?

## **L. Learner access to tutorial guidance.**

**This set of indicators is concerned with the management of the nature and extent of tutorial guidance that the learners receive and the ability of the learners to influence the tutorial guidance they receive.**

**The purpose of effective management in this area is to provide access to teachers who will give appropriate guidance.**

### **Input**

#### ***In respect of the nature and extent of tutorial guidance:***

- L1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
- L2. Is the nature and extent of tutorial guidance influenced by the needs of the customer?
- L3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?
- L4. Have the implications of the additional resources required been considered?
- L5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
- L6. Do the module/programme documents indicate the parameters within which negotiation about the nature and extent of tutorial guidance during the module/programme can take place?
- L7. Is information about the nature and extent of tutorial guidance used during the module/programme made available to the learner?
- L8. Do staff development strategies ensure that teachers understand the guidance needed by learners on flexible learning programmes?
- L9. Is there an agreed system for learners to access tutorial guidance?
- L10. Is entitlement of learners for guidance made clear in the module/programme documentation?
- L11. Is there an adequate teacher:learner ratio to allow guidance to be effective?

## **Process**

### ***In respect of the nature and extent of tutorial guidance:***

- L12. Is the effect on work patterns of members of staff monitored?
- L13. During the module/programme, is there an analysis of the effective utilisation of resources?
- L14. Is information for learners on any changes regularly and frequently updated?
- L15. Are learners able to negotiate any variations?
- L16. Is time available in the module/programme for the teacher and learner to negotiate choices?
- L17. Is networking encouraged to promote peer support?
- L18. Is time made available for tutorial guidance?
- L19. Are learners allocated a personal teacher?
- L20. Is face to face teacher guidance available?
- L21. Are records kept of learners' progress including a record of guidance given?
- L22. Is there sufficient tutorial guidance at the correct academic level?
- L23. Is there a staff development programme to enable staff to facilitate different modes of learning?

## **Outcomes/outputs**

### ***In respect of the nature and extent of tutorial guidance:***

- L24. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?
- L25. Are the needs of the customer met?
- L26. Are resources used effectively?
- L27. Are negotiations successfully conducted within the parameters described in the module/programme documents?

L28. Are the learners' individual needs met?

L29. Is the agreed teacher:learner ratio achievable?

L30. Are learners able to identify their personal teachers?

L31. Is tutorial guidance an effective resources for learners?



## **M. Pace of progression through the module/programme.**

**This set of indicators is principally concerned with the management of the pace of progression through the programme and who determines the pace of progression.**

**The purpose of effective management in this area is to meet learners' individual needs**

### **Input**

#### ***In respect of the pace of progression:***

M1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

M2. Is the pace of progression influenced by the needs of the customer?

M3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

M4. Have the implications of the additional resources required been considered?

M5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

M6. Do the module/programme documents indicate the parameters within which negotiation about the pace of progress through the module/programme can take place?

M7. Is information about the pace of progress through the module/programme made available to the learner?

M8. Are the maximum and minimum times for progress through the module/programme determined by professional/academic regulations?

M9. Do learners have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

### **Process**

#### ***In respect of the pace of progression:***

M10. Is the effect on work patterns of members of staff monitored?

M11. During the module/programme, is there an analysis of the effective utilisation of resources?

M12. Is information for learners on any changes regularly and frequently updated?

M13. Are learners able to negotiate any variations?

M15. Is the curriculum sufficiently flexible to allow learners to determine the pace of progression?

M16. Is guidance available for learners progressing at a different pace?

M17. Do learners progress at a different pace through the module/programme?

M18. Is the teacher able to cope with individualised programmes?

M19. Is pace of progression negotiated to meet learners' individual needs?

M20. Can learning and teaching strategies adjust to changes in the pace of progression?

M21. Are sufficient staff available to manage learners progressing at their own pace?

### **Outcomes/outputs**

#### ***In respect of the pace of progression:***

M22. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

M23. Are the needs of the customer met?

M24. Are resources used effectively?

M25. Are negotiations successfully conducted within the parameters described in the module/programme documents?

M26. Are the learners' individual needs met?

M27. Is learner progression through the module/programme documented?

## **N. Pattern of assessment.**

**This set of indicators is concerned with the management of the pattern of assessment within the module/programme and the extent to which the learner can influence the assessment pattern.**

**The purpose of effective management in this area is to encourage self-directed learning, acknowledge the learner's readiness to learn and to meet the learners' individual needs.**

### **Input**

#### ***In respect of the pattern of assessment:***

N1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

N2. Is the pattern of assessment influenced by the needs of the customer?

N3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

N4. Have the implications of the additional resources required been considered?

N5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

N6. Do the module/programme documents indicate the parameters within which negotiation about the pattern of assessment can take place?

N7. Is information about the pattern of assessment made available to the learner?

N8. Are there strategies in place which allow the assessment procedure within the institution to cope with flexibility of assessment?

N9. Are there staff development programmes to meet the needs of assessors of flexible learning?

N10. Are processes developed to enable flexibility in the pattern of assessment?

N11. Is there a strategy which enables equality of opportunity in the pattern of assessment?

N12. Do module/programme documents clearly state the number of attempts learners have at any particular assessment?

N13. Is the extent of flexibility in the pattern of assessment explicitly stated in the module/programme document?

### **Process**

#### ***In respect of the pattern of assessment:***

N14. Is the effect on work patterns of members of staff monitored?

N15. Is information for learners on any changes regularly and frequently updated?

N16. Are learners able to negotiate any variations?

N17. Is time available in the module/programme for the teacher and learner to negotiate choices?

N18. Does negotiation about the pattern of assessments take place between learners and teachers?

### **Outcomes/outputs**

#### ***In respect of the pattern of assessment:***

N19. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

N20. Are the needs of the customer met?

N21. Are negotiations successfully conducted within the parameters described in the module/programme documents?

N22. Are the learners' individual needs met?

N23. Can the assessment procedures within the institution cope effectively with flexible patterns of assessments?

N24. Is the pattern of assessment monitored for examination boards?

N25. Is the pattern of assessment appropriate?

## **O. Nature of assessment.**

**This set of indicators is concerned with the management of the nature of assessment of the module/programme and the options it is possible for the student to negotiate**

**The purpose of effective management in this area is to encourage self-directed learning, provide relevant learning experiences and to meet the learners' individual needs.**

### **Input**

#### ***In respect of the nature of assessment:***

- O1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?
- O2. Is the nature of assessment influenced by the needs of the customer?
- O3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?
- O4. Have the implications of the additional resources required been considered?
- O5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
- O6. Do the module/programme documents indicate the parameters within which negotiation about the nature of assessment can take place?
- O7. Is information about the nature of assessment made available to the learner?
- O8. Are assessment criteria and guidelines available for learners at an appropriate time?
- O9. Does module/programme planning allow for a range of assessments to be used?
- O10. Are different types of assessment comparable and appropriate?

### **Process**

#### ***In respect of the nature of assessment:***

- O11. Is the effect on work patterns of members of staff monitored?

O12. Is information for learners on any changes regularly and frequently updated?

O13. Are learners able to negotiate any variations?

O14. Is time available in the module/programme for the teacher and learner to negotiate choices?

O15. Do learners receive adequate guidance during the assessment process?

O16. Is consistent guidance available for all learners wishing to negotiate the methods of assessment?

O17. Is the range of assessment methods subject to moderation?

O18. Is a range of assessment methods available for negotiation between teacher and learner?

O19. Are learners able to negotiate the type of evidence presented for assessment?

O20. Is time available in the programme for the teacher and learner to negotiate choice in assessment methods?

### **Outcomes/outputs**

#### ***In respect of the nature of assessment:***

O21. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

O22. Are the needs of the customer met?

O23. Are negotiations successfully conducted within the parameters described in the module/programme documents?

O24. Are the learners' individual needs met?

O25. Have a variety of assessment methods been negotiated?

O26. Are accurate records kept of the methods of assessment chosen?

O27. Is there compatibility in the pass rate between flexible and traditional assessment methods?

O28. Do learners negotiate the assessment method?

## **P. Assessment of practice.**

**This set of indicators is concerned with the management of the method, timing and nature of the assessment of practice and the possible approaches which can be negotiated by the learner.**

**The purpose of effective management in this area is to recognise and acknowledge the role of experience in learning.**

### **Input**

***In respect of the method, timing and nature of assessment of practice:***

P1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

P2. Is the nature of assessment of practice influenced by the needs of the customer?

P3. Do employment policies and staff deployment take account of the effects on staff of flexible provision?

P4. Have the implications of the additional resources required been considered?

P5. Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

P6. Do the module/programme documents indicate the parameters within which negotiation about the nature of assessment of practice can take place?

P7. Is information about the nature of assessment practice made available to the learner?

P8. Is assessment of practice acknowledged as an important component of the learning experience?

P9. Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?

P10. Are the criteria selected for assessment of practice appropriate for the module/programme?

P11. Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?

P12. Are there sufficient qualified staff for the role of assessors of clinical practice?

P13. Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?

P14. Have practice placement areas been audited for suitability?

P15. Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?

P16. Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?

P17. Is the documentation designed to enable the assessor to record and monitor progress and achievement?

### **Process**

#### ***In respect of the method, timing and nature of assessment of practice:***

P18. Is the effect on work patterns of members of staff monitored?

P19. Is information for learners on any changes regularly and frequently updated?

P20. Are learners able to negotiate any variations?

P21. Is time available in the module/programme for the teacher and learner to negotiate choices?

P22. Is there an acceptable support structure available for assessors of practice?

P23. Are suitably qualified staff assessing the learners in the clinical area?

P24. Is there effective use of placement audit information to ensure a learning experience of appropriate quality?

P25. Is there acceptable guidance for learners in the clinical area?

P26. Is the learner's progress through a placement monitored?

P27. Are there staff development programmes in operation to prepare and update assessors?



## **Outcomes/outputs**

### ***In respect of the method, timing and nature of assessment of practice:***

P29. Do all those involved in providing the module/programme have a clear understanding of the implications of flexibility?

P30. Are the needs of the customer met?

P31. Are resources used effectively?

P32. Are negotiations successfully conducted within the parameters described in the module/programme documents?

P33. Are learners' individual needs met?

P34. Are there staff development programmes in operation for preparing and updating assessors?

P35. Is the assessment process appropriate for the module/programme?

P36. Is there acceptable pass rates?

## **Q Evaluation.**

**This set of indicators is concerned with the management of the evaluation of flexible learning.**

**The purpose of effective management is to improve practice in the management of flexible learning.**

### **Input**

***In respect of all the dimensions of flexible learning:***

**Q1. Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?**

**Q2. Are the comments of customers sought as part of the evaluation?**

**Q3. Are employment policies and staff deployment which take account of the effects on staff of flexible provision evaluated?**

**Q4. Is the provision of resources for flexible learning evaluated?**

**Q5. Is the process of communicating information to everyone involved in providing the module/programme of the extent to which flexibility should underpin provision evaluated?**

**Q6. Are the parameters within which negotiation between teacher and learner takes place evaluated in respect of:**  
**purpose;**  
**guidelines;**  
**making judgements?**

**Q7. Is the availability of information to the learner evaluated?**

**Q8. Is there an evaluation strategy which incorporates all characteristics of flexible learning?**

**Q9. Is there an evaluation strategy able to cope with the flexible nature of the programme?**

**Q10. Is the evaluation format appropriate for flexible learning?**

**Q11. Is there an audit tool which effectively evaluates all performance indicators?**

## **Appendix 7**

### **Interview Schedule - Education Manager**

#### **Timing of the module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

#### **The location of the module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain copy.

Do the module/programme documents indicate the parameters within which negotiation can take place?

\* If so obtain copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

#### **Constraints on whether a module/programme will be available.**

Is there a clear statement in all policy documents about minimising restrictions?

\* If so obtain a copy.

Do the module/programme documents indicate restrictions on provision?

\* If so obtain a copy.

During the module/programme is there an analysis of the effective utilisation of resources in terms of minimising restrictions on provision?

\* If so can you give me an example?

#### **Range of choice of module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is there a staff development programme to enable staff to provide a greater range of choice?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

#### **Range of modes of study available to the learner.**

Is there a clear statement in policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the modes of study can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

Is there a staff development programme to enable staff to facilitate different modes of learning?

\* If so can you give me an example?

**Range of starting/finishing dates of module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the starting/finishing date can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

Are administrative systems set up to allow more than one starting/finishing date?

\* If so can you give me an example?

Is the relationship between the starting/finishing dates and seasonal factors and holiday considered?

If so can you give me an example?

Is the relationship between the starting/finishing dates and semester and/or term times considered?

\* If so can you give me an example?

Is it possible for learners to join the module/programme at any point during the year?

Does negotiation of starting/finishing dates take into account ENB regulations?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

**Range of requirements of entry to the module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

\* If so obtain a copy.

Are there policies on equal opportunities with respect to entry to the module/programme?

If so obtain a copy.

Is there a policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is there a staff development programme in respect of the entry of learners to the module/programme?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example.

Is equality of opportunity monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

### **Requirement to attend sessions of the module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the range of requirements of entry can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

**Range of content of module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Is the content of the module/programme influenced by the needs of the customer?

\* If so can you give me an example?

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Have the implications of the additional resources required been considered?

\* If so can you give me an example?

Do the module/programme documents indicate the parameters within which negotiation about the content of the module/programme can take place?

\* If so obtain a copy.

Is there an AP(E)L policy?

Have the customers been involved in the curriculum development of the module/programme?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

Is there a staff development programme which enables staff to facilitate a range of content?

**Mode of teaching and learning.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the kinds of teaching and learning activities can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

Do teacher:learner ratios allow a variety of teaching and learning strategies to be used?

Is there a staff development programme to enable staff to facilitate different modes of learning?

\* If so can you give me an example?

Is there an agreed strategy for assessing the learning styles of individual learners?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

### **Resources for teaching and learning.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

### **Learner access to teacher guidance.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the nature and extent of tutorial guidance can take place?

\* If so obtain a copy.



Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?

\* If so can you give me an example?

Is there an agreed system for learners to access tutorial guidance?

\* If so can you give me an example?

Is entitlement of learners for guidance made clear in the module/programme documentation?

\* If so obtain a copy.

Does the teacher:learner ratio allow guidance to be effective?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

### **Pace of progression through the module/programme.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the pace of progress through the module/programme can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

During the module/programme, is there an analysis of the effective utilisation of resources?

\* If so can you give me an example?

**Pattern of assessment.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the pattern of assessment can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Are there strategies in place which allow the assessment procedures within the institution to copy with flexibility of assessment?

\* If so can you give me an example?

Are there staff development programmes to meet the needs of assessors of flexible learning?

\* If so can you give me an example?

Is there a strategy which enables equality of opportunity in the pattern of assessment?

\* If so can you give me an example?

Do module/programme documents clearly state the number of attempts learners have at any particular assessment?

Is the extent of flexibility in the pattern of assessment explicitly stated in the module/programme document?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

**Nature of the assessment.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation about the nature of the assessment can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff or flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

### **Assessment of practice.**

Is there a clear statement in all policy documents about the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Do the module/programme documents indicate the parameters within which negotiation can take place?

\* If so obtain a copy.

Do employment policies and staff deployment take account of the effects on staff of flexible provision?

\* If so can you give me an example?

Is the effect on work patterns of members of staff monitored?

\* If so can you give me an example?

Are there staff development programmes in operation to prepare and update assessors?

\* If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?

\* If so can you give me an example?

### **Evaluation.**

Is there a policy statement concerned with the evaluation of the extent to which flexibility should underpin provision?

\* If so obtain a copy.

Employment policies and staff deployment which take account of the effects on staff of flexible provision - are these policies evaluated?

\* If so can you give me an example?

Is the provision of resources for flexible learning evaluated?

\* If so can you give me an example?

Communication of information to everyone involved in providing the module/programme about the extent to which flexibility should underpin provision - is this evaluated?

Is there an evaluation strategy which incorporates all characteristics of flexible learning?

\* If so can you explain this strategy/obtain a copy of the document.

Is there an audit tool which effectively evaluates all performance indicators?

\* If so obtain a copy of audit tool used.

## **Interview Schedule - Student**

### **Time of the module/programme.**

Was the timing of the module/programme important to you?

\* If so why?

Was there information available to you concerning the timing of the module/programme?

Were you able to negotiate the timing of the module/programme?

\* If so what form did those negotiations take?

### **The location of the module/programme.**

Was the location of the module/programme important to you?

\* If so why?

Was the module/programme offered at more than one location?

Were you able to negotiate variations in the location of the module/programme?

\* If so what form did those negotiations take?

### **Constraints on whether a module/programme will be available.**

Were you aware of any constraints on whether the module/programme was available?

If constraints were placed upon the module/programme being available were you able to negotiate to meet your needs?

\* If so what form did those negotiations take?

### **Range of choice of module/programme.**

Is there information about the range of choices of modules/programmes available to you?

Do you feel that the choices available to you met your needs?

\* If so can you give me an example?

Are you able to select any one of a wide range of modules/programmes at different levels?

\* If so can you give me an example?

Are you offered guidance in your choice of modules/programmes?

\* If so can you give me an example?

Is there time available in the module/programme for yourself and the teacher to negotiate choices?

Can choices made at the outset of a programme be re-negotiated to meet your needs?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs as a learner being met?

\* If so can you give me an example?

By choosing appropriate modules, have you followed a coherent pathway?

\* If not please explain why.

Are you satisfied with the guidance offered?

\* If not please explain why?

### **Range of modes of study available to the learner.**

Is the range of modes of study influenced by your needs?

\* If so can you give me an example?

Is information about the range of modes of study made available to you?

Can you select any one of a wide range of modes of study?

\* If so can you give me an example?

Are you offered guidance in your choice of modes of study?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for yourself and the teacher to negotiate choices?

\* If so can you give me an example?

Can choices made at the outset of a programme be re-negotiated to meet your needs?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your individual needs met?

\* If so can you give me an example?

Are you satisfied with the range of modes of study offered?

\* If so can you give me an example?

Are you satisfied with the guidance offered?

\* If not can you explain why?

### **Range of starting/finishing dates of module/programme.**

Is information about the starting/finishing dates of the modules/programmes made available to you?

Are there opportunities made for yourself, your teachers and managers to agree starting/finishing dates?

\* If so can you give me an example?

Are you aware of the parameters for negotiation of starting/finishing dates?

\* If so can you give me an example?

Can the finishing date be changed during the module/programme to meet your needs?

\* If so can you give me an example?

Do the starting/finishing dates of modules enable you to study further modules?

\* If so can you give me an example?

### **Range of requirement of entry to the module/programme.**

Is the range of requirements of entry influenced by your needs?

\* If so can you give me an example?

Is information about the range of requirements of entry made available to you?

Can AP(E)L be used to meet the entry requirements for the module/programme?

\* If so can you give me an example?

Is guidance given to you on how to meet the entry requirements?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Does the content of the module/programme relate to the entry requirements?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are you able to meet the requirements of entry to the module/programme in a variety of ways?

\* If so can you give me an example?

Are you satisfied with guidance on how to meet the entry requirements?

\* If not can you explain why?

Are your needs being met?

\* If so can you give me an example?

**Requirement to attend sessions of the module/programme.**

Is the requirement to attend sessions influenced by your needs?

\* If so can you give me an example?

Is information about attendance made available to you?

Are your attendance needs assessed?

\* If so can you give me an example?

Are you given acceptable notice of requirements to attend?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is your attendance monitored?

\* If so can you give me an example?

Is time available in the module/programme for yourself and the teacher to negotiate choices?

Is there assistance for learners who are struggling to achieve minimum attendance?

\* If so can you give me an example?



Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs being met?

\* If so can you give me an example?

**Range of content of module/programme.**

Is the content of the module/programme influenced by your needs?

\* If so can you give me an example?

Is information about the content of the modules/programmes made available to you?

Is there an AP(E)L policy?

Is the content of the module/programme relevant to contemporary care practices?

\* If so can you give me an example?

Were you or a fellow learner involved in the curriculum development of the module/programme?

Are teachers available to guide the AP(E)L process?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations in the content?

\* If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Are you and your teacher aware of the parameters for the negotiation of the content of the module/programme?

\* If so can you give me an example?

Is the range of content negotiated by you documented?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are you satisfied with the negotiation process?

Can you demonstrate achievement of learning outcomes?

\* If so can you give me an example?

Are your needs met?

\* If so can you give me an example?

### **Mode of teaching and learning.**

Is the mode of teaching and learning influenced by your needs?

\* If so can you give me an example?

Is information about the kind of teaching and learning activities used during the module/programme made available to you?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for yourself and the your teacher to negotiate choices?

Are teaching styles adapted to individual learning styles?

\* If so can you give me an example?

Are you enabled to identify your own preferred learning styles at the beginning of the module/programme?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Does the use of different learning styles throughout the module/programme enhance your development?

\* If so can you give me an example?

Are the teaching methods effective and appropriate?

\* If so can you give me an example?

Are you able to achieve module outcomes in a variety of ways to suit your own individual learning style?

\* If so can you give me an example?

Are your needs met?

\* If so can you give me an example?

**Resources for teaching and learning.**

Are the resources for teaching and learning influenced by your needs?

\* If so can you give me an example?

Is information about the resources for teaching and learning used during the module/programme made available to you?

\* If so can you give me an example?

Are library facilities accessible to all learners?

Are the resources for teaching and learning adequate?

\* If so can you give me an example?

Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library schemes and access to Information Technology?

Are you made aware of your entitlement to facilities?

\* If so can you give me an example?

Are you satisfied with the range of resources available?

Are resources used effectively?

\* If so can you give me an example?

Are your needs met?

\* If so can you give me an example?

**Teacher guidance.**

Is the nature and extent of teacher guidance influenced by your needs?

\* If so can you give me an example?

Is information about the nature and extent of tutorial guidance during the module/programme made available to you?

\* If so can you give me an example?

Is there an agreed system for you to access tutorial guidance?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Is networking encouraged to promote peer support?

\* If so can you give me an example?

Is time made available for teacher guidance?

\* If so can you give me an example?

Are you allocated a personal teacher?

\* If so can you identify her for me?

Is there sufficient teacher guidance at the correct academic level?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Is teacher guidance an effective resource for you?

\* If so can you give me an example?

**Pace of progression through the module/programme.**

Is the pace of progression influenced by your needs?

\* If so can you give me an example?

Is information about the pace of progress through the module/programme made available to you?

\* If so can you give me an example?

Do you have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for yourself and your teacher to negotiate choices?

Is the curriculum sufficiently flexible to allow you to determine the pace of progression?

\* If so can you give me an example?

Is guidance available for learners progressing at a different pace?

\* If so can you give me an example?

Is pace of progression negotiated to meet your individual needs?

\* If so can you give me an example?

Are sufficient staff available to manage learners progressing at their own pace?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs met?

\* If so can you give me an example?

#### **Pattern of assessment.**

Is information about the pattern of assessment made available to you?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for yourself and the teacher to negotiate choices?

Does negotiation about the pattern of assessments take place between yourself and your teacher?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs met?

\* If so can you give me an example?

#### **Nature of assessment.**

Is the nature of assessment influenced by your needs?

\* If so can you give me an example?

Is information about the nature of the assessment made available to you?

\* If so can you give me an example?

Are assessment criteria and guidelines available for you at an appropriate time?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Do you receive adequate guidance during the assessment process?

\* If so can you give me an example?

Is consistent guidance available for all learners wishing to negotiate the methods of assessment?

\* If so can you give me an example?

Is a range of assessment methods available for negotiation between you and your teacher?

\* If so can you give me an example?

Are you able to negotiate the type of evidence presented for assessment?

\* If so can you give me an example?

Is time available in the programme for yourself and your teacher to negotiate choices in assessment methods?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs being met?

\* If so can you give me an example?

### **Assessment of Practice.**

Is the nature of assessment of practice influenced by your needs?

\* If so can you give me an example?

Is information about the nature of assessment of practice made available to you?

Are the criteria selected for assessment of practice appropriate for the module/programme?

\* If so can you give me an example?

Is time available during the placement for yourself and your assessor to negotiate possible approaches to assessment?

\* If so can you give me an example?

Are you able to negotiate any variations?

\* If so can you give me an example?

Is there acceptable guidance for you in the clinical area?

\* If so can you give me an example?

Are placement areas overloaded with learners seeking experience?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are your needs being met?

\* If not can you explain why?

## **Interview Schedule - Clinical Manager**

### **Timing of the module/programme.**

As the customer in respect of this module/programme, are you able to influence the timing of the module/programme?

\* If so can you give me an example?

Does the timing of the module/programme meet your needs as the customer/clinical manager?

### **The location of the module/programme.**

Are you able to influence the location of the module/programme?

\* If so can you give me an example?

Does the location of the module/programme meet your needs as the customer/clinical manager?

### **Constraints on whether a module/programme will be available.**

Are you able to influence restricts on provision of the module/programme?

\* If so can you give me an example?

Are you aware of any possible variations in the timing of the module/programme?

\* If so can you give me an example?

Does the provision of the module/programme meet your needs as the customer/clinical manager?

### **Range of choice of module/programme.**

Are you able to influence the range of choice of the module/programme available?

\* If so can you give me an example?

Does the range of choice of module/programme meet your needs as the customer/clinical manager?

### **Range of modes of study available to the learner.**

Are you able to influence the range of mode of study available for the learner undertaking the module/programme?

\* If so can you give me an example?



Does the range of choice of module/programme meet your needs as the customer/clinical manager?

**Range of starting/finishing dates of module/programme.**

Are you able to influence the starting/finishing dates of the module/programme?

\* If so can you give me an example?

Does the starting/finishing dates of the module/programme meet your needs as the customer/clinical manager?

Are opportunities made for learners, teachers and managers to agree starting/finishing dates?

\* If so can you give me an example?

**Payment for module/programme.**

Are you able to influence the range of mode of payment for the module/programme?

\* If so can you give me an example?

Does the range of mode of payment meet your needs as the customer/clinical manager?

**Range of requirements of entry to the module/programme.**

Are you able to influence the range of requirement for entry to the module/programme?

\* If so can you give me an example?

Does the range of requirement of entry of the module/programme meet your needs as the customer/clinical manager?

Is there an access programme to facilitate entry to the module/programme?

**Requirement to attend sessions of the module.**

Are you able to influence the requirement to attend sessions of the module/programme?

\* If so can you give me an example?

Does the requirement to attend sessions of the module/programme meet your needs as the customer/clinical manager?

**Range of content of module/programme.**

Have you or a fellow clinical manager been involved in the curriculum development of the module/programme?

Are you able to influence the range of content of the module/programme?

\* If so can you give me an example?

Is the range of content of the module/programme relevant to contemporary care practices?

Does the range of content of the module/programme meet your needs as the customer/clinical manager?

**Mode of teaching and learning.**

Are you able to influence the modes of teaching and learning used during the module/programme?

\* If so can you give me an example?

Does the mode of teaching and learning during the module/programme meet your needs as the customer/clinical manager?

**Resources for teaching and learning.**

Are you able to influence the provision of resources for teaching and learning used during the module/programme?

\* If so can you give me an example?

Does the resources for teaching and learning used during the module/programme meet your needs as the customer/clinical manager?

**Learner access to teacher guidance.**

Are you able to influence the nature and extent of teacher guidance for learners during the module/programme?

\* If so can you give me an example?

Does the nature and extent of teacher guidance for learners during the module/programme meet your needs as the customer/clinical manager?

**Pace of progression through the module/programme.**

Are you able to influence the expected pace of progression of learners during the module/programme?

\* If so can you give me an example?

Does the expected pace of student progress during the module/programme meet your needs as the customer/clinical manager?

**Pattern of assessment.**

Are you able to influence the pattern of assessment for the module/programme?

\* If so can you give me an example?

Does the pattern of assessment for the module/programme meet your needs as the customer/clinical manager?

**Assessment of practice.**

Are you able to influence the nature of assessment of practice of the module/programme?

\* If so can you give me an example?

What about assessment of practice is this viewed as an important component of the learning experience?

\* If so can you give me an example?

Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?

\* If so can you give me an example?

Is there a strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?

\* If so can you give me an example?

Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?

\* If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Is there an acceptable support structure available for assessors of practice?

\* If so can you give me an example?

Are placement areas overloaded with learners seeking experience?

Does the nature of assessment of practice used for the module/programme meet your needs as the customer/clinical manager?

**Evaluation.**

Are your comments sought as part of the evaluation of the module/programme?

## **Interview Schedule - Teacher**

### **Timing of the module.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the timing of the modules/programmes made available to the learner?

\* If so can you give me an example?

How often is such information updated?

Can the learners negotiate choices?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Are those negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

### **The location of the module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the timing of modules/programmes made available to the learner?

\* If so can you give me an example?

How often is that information updated?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

**Constraints on whether a module/programme will be available.**

Has everyone involved in providing the module/programme been informed of restrictions on provision and the implications for flexibility?

\* If so how is that information communicated?

Is information about the restrictions on provision made available to the learner?

\* If so can you give me an example?

How often is information for learners on restrictions on provision updated?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Are negotiations about any restrictions on provision successfully conducted within the parameters described in the programme documents?

\* If so can you give me an example?

**Range of choice of module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the range of choices made available to the learner?

\* If so can you give me an example?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Does the design of the programme include an appropriate balance between core and option modules?

\* If so can you give me an example?

Can learners select any one of a wide range of modules/programmes at different levels?

\* If so can you give me an example?

Are learners offered guidance in their choice of modules/programmes?

\* If so can you give me an example?

How often is the range of choice reviewed?

Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

\* If so can you give me an example?

Does information on the modules /programmes facilitate the choices made by the learners?

\* If so can you give me an example?

By choosing appropriate modules, have the learners followed a coherent pathway?

\* If so can you give me an example?

#### **Range of modes of study available to the learner.**

Are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?

\* If so can you give me an example?

Is information about the range of modes of study made available to the learner?

How often is this information updated?

Can learners select any one of a wide range of modes of study?

\* If so can you give me an example?

Are learners offered guidance in their choice of modes of study?

\* If so can you give me an example?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Is the range of modes of study reviewed?

Can choices made at the outset of a programme be re-negotiated to meet the learner's needs?

\* If so can you give me an example?

Does information on the modes of study available facilitate the choices made by the learners?

\* If so can you give me an example?

**Range of starting/finishing dates of module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the starting/finishing dates of the modules/programmes made available to the learners?

Do you and your colleges know the starting/finishing dates of modules/programmes in advance?

Are opportunities made for learners, teachers and clinical managers to agree starting/finishing dates?

\* If so can you give me an example?

Are teachers and learners aware of the parameters for the negotiation of starting/finishing dates?

\* If so can you give me an example?

Is information for learners on any changes regularly and frequently updated?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Can the finishing date be changed during the module/programme to meet the needs of the learner?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Do the starting/finishing dates of modules enable learners to study further modules?

\* If so can you give me an example?

**Range of requirements of entry to the module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the range of requirements of entry made available to the learner?

How often is that information updated?

Can the requirements of entry to the module/programme be met in a variety of ways?

\* If so can you give me an example?

Can AP(E)L be used to meet the entry requirements for the module/programme?

Are entry requirements set at the minimum level?

\* If so can you give me an example?

Is there an access programme to facilitate entry to the module/programme?

Is guidance given to learners on how to meet the entry requirements?

\* If so can you give me an example?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Does the content of the module/programme relate to the entry requirements?

\* If so can you give me an example?

Do pass rates and completion rates indicate the learners are not disadvantaged as a result of meeting the entry requirements in different ways?

\* If so can you give me an example?



**Requirement to attend sessions of the module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Does the requirement to attend take account of the distance a learner may have to travel to a study centre and social, economic and employment factors?

\* If so can you give me an example?

Is staff availability and utilisation considered in relation to the learners' obligation to attend?

\* If so can you give me an example?

Are the attendance needs of individual learners assessed?

\* If so can you give me an example?

Is the requirement to attend negotiated?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Is learner attendance monitored?

Is there assistance for learners who are struggling to achieve minimum attendance?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters decreed in the module/programme documents?

\* If so can you give me an example?

How many learners achieve the required attendance patterns?

Are there differences in outcomes for learners who attend less often than others?

\* If so can you give me an example?

**Range of content of module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the content of modules/programmes made available to the learner?

Is the content of the module/programme relevant to contemporary care practices?

\* If so can you give me an example?

Are teachers available to guide the AP(E)L process?

\* If so can you give me an example?

Are learners able to negotiate any variations in the content?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Are teachers and learners aware of the parameters for the negotiation of the content of modules/programmes?

\* If so can you give me an example?

Is an AP(E)L scheme fully operational?

Is the relevance of content evaluated during the module/programme?

\* If so can you give me an example?

Is the range of content negotiated by the learner documented?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

### **Mode of teaching and learning.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the kind of teaching and learning activities used during the modules/programmes made available to the learner?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

\* If so can you give me an example?

Are negotiations successfully conducted within the parameters described in the module/programme documents?

\* If so can you give me an example?

Are teaching styles adapted to individual learning styles?

\* If so can you give me an example?

Are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?

\* If so can you give me an example?

Does the use of different learning styles throughout the module/programme enhance the learner's development?

\* If so can you give me an example?

Are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?

\* If so can you give me an example?

### **Resources for teaching and learning.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the resources for teaching and learning used during the modules/programmes made available to the learner?

Are the resources for teaching and learning adequate?

\* If so can you give me an example?

Are there extended central services for example, library opening hours, postal library schemes, borrowing rights, inter-library loan schemes and access to Information Technology?

Are learners made aware of their entitlement to facilities?

### **Learner access to teacher guidance.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the nature and extent of teacher guidance during the modules/programmes made available to the learner?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for teacher guidance?

\* If so can you give me an example?

Are learners allocated a personal teacher?

Are records kept of learners' progress including a record of guidance given?

Is there sufficient teacher guidance at the correct academic level?

**Pace of progression through the module/programme.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the pace of progress through the modules/programmes made available to the learner?

Are the maximum and minimum times for progression through the module/programme determined by professional/academic regulations?

Do learners have access to institutional regulations on the maximum and minimum times for progression through the module/programme?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Is the curriculum sufficiently flexible to allow learners to determine the pace of progression?

\* If so can you give me an example?

Is guidance available for learners progressing at a different pace?

\* If so can you give me an example?

Is pace of progression negotiated to meet learners' individual needs?

\* If so can you give me an example?

Can learning and teaching strategies adjust to changes in the pace of progression?

\* If so can you give me an example?

Are sufficient staff available to manage learners progressing at their own pace?

Is learner progression through the module/programme documented?

**Pattern of assessment.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the pattern of assessment made available to the learner?

Is information for learners on any changes regularly and frequently updated?

Are learners able to negotiate any variations?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Does negotiation about the pattern of assessments take place between learners and teachers?

\* If so can you give me an example?

Is the pattern of assessment monitored for examination boards?

\* If so can you give me an example?

**Nature of the assessment.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the nature of assessment made available to the learner?

How often is the information updated.

Are assessment criteria and guidelines available for learners at an appropriate time?

Does module/programme planning allow for a range of assessments to be used?

Are the different types of assessment comparable and appropriate?

\* If so can you give me an example?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is time available in the module/programme for the teacher and learner to negotiate choices?

Do learners receive adequate guidance during the assessment process?

\* If so can you give me an example?

Is consistent guidance available for all learners wishing to negotiate the methods of assessment?

\* If so can you give me an example?

Is the range of assessment methods subject to moderation?

Is there a range of assessment methods available for negotiation between teacher and learner?

Are learners able to negotiate the type of evidence presented for assessment?

Is time available in the programme for the teacher and learner to negotiate choice in assessment methods?

Are accurate records kept of the methods of assessment chosen?

Is there comparability in the pass rate between flexible and traditional assessment methods?

### **Assessment of practice.**

Has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?

\* If so how is that information communicated?

Is information about the nature of assessment of practice made available to the learner?

Is the assessment of practice acknowledged as an important component of the learn experience?

\* If so can you give me an example?

Is there an identified relationship between the level of skills in the clinical area and the academic level of the module/programme?

\* If so can you give me an example?

Are the criteria selected for assessment of practice appropriate for the module/programme?

Is there a professional development programme to assist staff to prepare for and maintain their role in assessment of practice?

\* If so can you give me an example?

Are there sufficient qualified staff for the role of assessors of clinical practice?

Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?

\* If so can you give me an example?

Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?

Is the documentation designed to enable the assessor to record and monitor progress and achievement?

Are learners able to negotiate any variations?

\* If so can you give me an example?

Is there an acceptable support structure available for assessors of practice?

Are suitably qualified staff assessing the learners in the clinical area?

Is there effective use of placement audit information to ensure a learning experience of appropriate quality?

Is there acceptable guidance for learners in the clinical area?

\* If so can you give me an example?

Is the learner's progress through a placement monitored?

Are placement areas overloaded with learners seeking experience?

### **Evaluation.**

Are the parameters within which negotiation between teacher and learner takes place evaluated in respect of:

purpose;

guidelines;

making judgements?

Is the availability of information to the learner evaluated?

Is the evaluation format appropriate for flexible learning?

## **Appendix 8**

### **Details of Programme in Case Study 1**

#### **English National Board Validated Module**

**Title of Module :** Teaching and Assessing in Clinical Practice

#### ***Level, Length and Number of Credits :***

Level 2 Module 20 credits = 60 hrs student contact  
60 hrs student work  
150 hrs practice

#### ***Aim***

To encourage the development of an enquiring, critical and reflective approach to Teaching/Facilitating and Assessing in Clinical Practice for Nurses and Midwives

To facilitate the development of specialist knowledge, clinical skills and competence in the teaching/facilitating and assessing of students/clients whilst applying appropriate knowledge from other disciplines.

This module is part of the ENB Higher Award/BSC (Hons) in Professional Practice.

The learning outcomes reflect characteristic 7 of the 10 key characteristics which form the basis of the Higher Award Framework.

Clinical supervision is a term used to describe a formal process of professional support and learning and is central to the process of learning and expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills.

At the end of this module, students will be able to demonstrate the following learning outcomes within the Higher Award pathway.

#### ***Learning Outcomes***

Apply the principles of teaching, supervision, facilitating and assessing; select appropriate methods to meet specific situations.

Act as a role model in the practice area, encouraging staff in teaching, supervising, facilitating and assessing.

Create and sustain a supportive teaching and learning environment in their own practice setting.



Identify development needs of the staff for whom they are responsible, cultivate an awareness of the way in which these needs may be met; and report on and record progress.

Encourage reflective and assured practice by helping members of their team make effective use of professional portfolio's and other education activities.

Maintain an awareness of the developments in nursing, midwifery or health visiting education and make the appropriate changes in their own practice setting.

Facilitate opportunities for counselling through understanding of the role which counselling plays in personal and professional development.

Facilitate the support which all staff require in order to develop and maintain confidence in the exercise of their practice and role.

Maintain awareness of the educational programmes for applied health care groups and contribute to these where appropriate.

***Pre-requisites/Relationship with other Modules:***

- Students will have achieved level 1 learning outcomes prior to undertaking this module either through APL/APEL, or through undertaking other relevant level 1 modules and will have a minimum of 1 year post registration experience.
- Will normally work in a clinical area that is an approved training area, or there are recognised educational needs.
- This module applies the knowledge gained in other modules e.g. Psychological Aspects of Care, Social Policy and Sociology, Professional Studies, Research and apply these to Teaching and Assessing in Clinical Practice.
- The ENB 998/997 certificates will be awarded upon successful completion of the course.

Where there is a positive educational audit status.

***Teaching Methods:***

A variety of teaching methods will be used and these will include, student led seminars, workshops, group work role play/experiential techniques, micro teaching in the classroom and clinical areas and the use of a reflective diary as well as critical analysis of teaching activities.

### ***Assessment:***

The learning outcomes for this module will be assessed as follows:

|                     |     |
|---------------------|-----|
| Course Work         | 50% |
| Clinical Assessment | 50% |

#### ***Course Work***

Students will submit a package of course work materials which will integrate theory and practice, demonstrating the application and achievement of the learning outcomes.

#### **Formative:- Personal and Professional Development**

- a) A literature search related to practice

#### **Teaching and Assessing**

- a) A reflective journal related to teaching and assessing experiences.
- b) Self/peer evaluation of a seminar presentation search based on the literature.
- c) Self and per evaluation of a micro-teaching session

Summative: A literature review 3000 words

A reflective research based essay demonstrating personal and professional development as a teacher/facilitator and assessor.

### ***Practice based Assessment of Teaching/Assessing Skills:***

Formative: A minimum of one planned and assessed teaching session assessed by peer/facilitator who holds the relevant ENB 998/997 certificate.

Summative: Two planned and assessed teaching sessions. To be assessed by the facilitator or link/liaison tutor as an integral part of the student's engagement in practice.

## Appendix 9

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

### About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

### How to complete the questionnaire

1. Choose one **module** offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one **course** which you consider to be flexible. Select only a module/course which fits one of these categories.

- higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                     | ✓ |
| 2. No minimum number of students for the module/programme to run                                  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only                              |   |
| 2. The institution offers this module/programme at more than one location                         | ✓ |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours                                   | ✓ |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only      |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only | ✓ |

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

Name of education establishment/trust.....

Name of contact person.....

Telephone number.....

Title of module/course...TEACHING AND ASSESSING IN CLINICAL  
PRACTICE.....

Is this a module or course? Please indicate with a tick. Module ☒ Course ☐

If module, please indicate level.....2.....

Total number of hours of learning for module/course.....

CATS-rating.....20.....

Is this module/course ENB approved? Please indicate with a tick. Yes ☒ No ☐

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                                   | ✓ |
| 2. No minimum number of students for the module/programme to run  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only  |   |
| 2. The institution offers this module/programme at more than one location                                       | ✓ |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours   |   |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only                    |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only               |   |
| 4. The module/programme is offered outside normal working hours, on weekday evenings and weekends               | ✓ |
| 5. The timing of the module/programme is negotiable to meet the needs of the individual                         |   |
| 6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630 |   |
| <b>Module/programme choice</b>  |   |
| 1. Module/programme the only option at a particular time  |   |
| 2. Module/programme always offered as one of a choice of the same group of modules                              |   |
| 3. Module/programme offered as one of a choice of a different group of modules on each occasion                 | ✓ |
| <b>Range of mode of study</b>   |   |
| 1. Learners can select any one of a wide range of modes of study  |   |
| 2. Learners can select any one of a limited range of modes of study   |   |
| 3. Learners are able to negotiate to use a mode of study of their choice  | ✓ |
| 4. Mode of study specified by the teacher, institution or external agency                                       |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision Continued</b>   |   |
| <b>Starting date of module/programme</b>  |   |
| 1. One fixed point during the year  |   |
| 2. Some choice for example two or more entry points during the year   | ✓ |
| 3. Entry at any time  |   |
| <b>Entry requirements</b>   |   |
| 1. Specific qualifications and experience required  |   |
| 2. Specific qualifications required   |   |
| 3. Range of qualifications and experience accepted  | ✓ |
| 4. Evidence of learning from appropriate experience accepted (eg APEL)  | ✓ |
| 5. No entry requirements  |   |
| <b>Mode of attendance</b>   |   |
| 1. No requirement to attend an educational establishment for module/programme learning activities                       |   |
| 2. Negotiated requirement to attend an educational establishment for module/programme learning activities               |   |
| 3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time | ✓ |
| 4. Requirement to attend all module/programme learning activities at a specified time                                   |   |
| <b>Finishing date of module/programme</b>   |   |
| 1. Fixed finishing date   | ✓ |
| 2. Negotiable finishing date  |   |
| 3. Negotiable within a fixed time span  |   |
| <b>Payment for module/programme</b>   |   |
| 1. Payment in full before the module/programme commences  | ✓ |
| 2. One payment in full at beginning of module/programme   |   |
| 3. One payment in full at fixed point during the module/programme   |   |
| 4. Payment by cheque or cash only   |   |
| 5. Payment by credit card accepted  |   |
| 6. Direct debit payment over several months   |   |
| 7. Interest-free loan from local Hospital/Hospital Trust  |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>TEACHING AND LEARNING</b>  |   |
| <b>Content of the module/course</b>   |   |
| 1. Content specified by the teacher, institution or external agency   |   |
| 2. Narrow choice of content   |   |
| 3. Wide choice of content   |   |
| 4. Content negotiated to meet learner's needs   | ✓ |
| 5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL            | ✓ |
| <b>Mode of teaching and learning</b>  |   |
| 1. Only activities such as lecturing, note-taking and reading prepared materials                              |   |
| 2. Activities as above with other activities such as discovery learning, and participatory exercises          |   |
| 3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises | ✓ |
| 4. Only discovery learning and participatory exercises  |   |
| <b>Resources for teaching and learning</b>  |   |
| 1. Teacher/trainer sole resource  |   |
| 2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area | ✓ |
| 3. Teacher/trainer + other people such as specialists or peers  |   |
| 4. Teacher/trainer + other resources and people   |   |
| 5. Learning packages of print material sole resource  |   |
| 6. Learning packages supplemented by tutorial and peer support  | ✓ |
| 7. Learning packages supplemented by texts  |   |
| 8. Learning packages supplemented by, for example videos, CDs, computer software                              | ✓ |
| <b>Access to tutorial support</b>   |   |
| 1. Tutorial support only available within time-tabled sessions  |   |
| 2. Tutorial support available outside time-tabled sessions in person and at fixed times only                  |   |
| 3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone               |   |
| 4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone  | ✓ |
| 5. Access to tutorial support restricted to working hours   | ✓ |
| 6. Tutorial support available outside working hours   |   |
| <b>Pace of progression through the module/course</b>  |   |
| 1. Pace determined by the tutor   |   |
| 2. Pace negotiated between the tutor and the student  | ✓ |
| 3. Pace determined by the student   |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

| ASSESSMENT  |   |
|---|---|
| Pattern of summative assessment of theory and submission dates                              |   |
| 1. Assessment at end of module/course only  |   |
| 2. Assessment twice during the module/course with fixed submission dates                    | ✓ |
| 3. Assessment twice during the module/course with negotiated submission dates               |   |
| 4. Assessment more than twice during the module/course with fixed submission dates          |   |
| 5. Assessment more than twice during the module/course with negotiated submission dates     |   |
| 6. No assessment  |   |
| Method of summative assessment  |   |
| 1. Unseen examination paper only  |   |
| 2. Unseen examination paper and other written assessment evidence, specified by teacher     |   |
| 3. Unseen paper and other written assessment evidence, negotiated by student and teacher    |   |
| 4. No unseen paper, range of written assessment evidence, negotiated by student and teacher | ✓ |
| 5. A range of assessment evidence specified by the teacher                                  |   |
| 6. A range of assessment evidence negotiated by student and teacher                         |   |
| Assessment of practice  |   |
| 1. Same criteria for each student   |   |
| 2. Criteria based on individual student's learning needs                                    | ✓ |
| 3. Criteria negotiated between student/teacher and assessor                                 | ✓ |
| 4. Criteria negotiated between student and teacher  |   |
| 5. Module can be used to demonstrate competencies in a NVQ framework                        |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## **Dimensions of Flexibility Questionnaire**

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:  
Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation

## **Appendix 10**

### **Details of Programme in Case Study 2**

#### **Part-time Certificate Level Programme for Enrolled Nursing Leading to Registration as a Sick Children's Nurse**

**Theme: The Developing Nurse**

**Module Title            Developing as a Professional**

#### ***Introduction and Rationale***

The course aims to change the professional focus of the Enrolled Nurse to that of an RSCN. In order for the course members to achieve this change in role and function effectively as an RSCN they must be given the opportunity to expand their knowledge of, and explore professional issues with the changing context of nursing practice.

#### ***Aims of the Module***

This module aims to provide the course member with two varieties of learning experiences; they should however be seen as being linked.

Aim 1: To develop the course member's understanding of and ability to be an adult student.

Aim 2: To extend the course member's current knowledge in relation to professional issues which impact upon his/her role in the practice area and the overall context of health care.

---

**Module Title                    Interpersonal Skills*****Introduction and Rationale***

This module addresses the development of interpersonal skills and seeks to enable the course members to evaluate and build upon their current levels of interactive competence. This quality of interactive competence is seen as fundamental to the practice of nursing children and their families since it provides individuals with self confidence, thus facilitating the establishment and development of positive working relationships within the arena of health care.

***Aims of the Module***

This module intends to:-

1. Increase the course members' understandings of the factors that develop and maintain effective relationships with children, families and health care professionals.
  2. Facilitate a development in the course members' knowledge and skills in relation to being a counsellor.
  3. Offer course members effective role models for communication and interpersonal skills throughout the course.
- 

**Module Title                    Teaching and Assessing in Clinical Practice*****Introduction and Rationale***

This module focuses upon one specific role of the nurse, that of teacher. This role is fundamental to the Paediatric Nurse in that s/he seeks to empower children and families through education and to support colleagues and students through the ongoing promotion of learning.

***Aim of the Module***

1. The course member will be enabled to develop the knowledge and skills which will enhance his/her abilities to facilitate learning for children, families, students and colleagues in the clinical area.
-

**Module Title            Managing Care**

***Introduction and Rationale***

Fundamental to the role of the Registered Paediatric Nurse is the ability to organise and manage one's own work and that of others in meeting the needs of children and their careers. This includes having the necessary knowledge and skills to organise appropriate support services within both hospital and community settings.

***Aim of the Module***

1. The module aims to provide the course member with learning experiences which will expose him/her to the theories and current practices relating to the management of care. The course member will be given the opportunity to critically analyse both of these in the group setting and in the practice area.

-----

**Module Title            Health Care Ethics and Law**

***Introduction and Rationale***

An understanding of health care ethics and law is essential for the promotion of good nursing practice. In preparation for taking on the role of registered nurse, the course members will be required to raise their awareness of ethical/legal theories and principles by discussion, critical analysis and reflection in order to be able to justify their nursing practice.

***Aims of the Module***

To enable the course members to increase their awareness and knowledge of both current and potential ethic-legal problems/dilemmas that may arise in the course of paediatric nursing practice and to increase their skills in the ethical decision making process.

-----

**Module Title                      Research Awareness**

***Introduction and Rationale***

Nursing research can be defined as the systematic, objective process of analysing phenomena of importance to nursing. The knowledge generated by such research activity aims to improve care for patients, clients and families and to develop the environments in which nurses work and learn. This module intends to be a foundation which will allow course members to develop their knowledge as it related to the nature of nursing research and their skills in critically appraising published material and current research activities.

***Aim of Module***

1. To enable the course members to build upon their existing knowledge so that they become research minded and equipped to recognised the potential for research within the paediatric arena.
- 

**Theme: The Developing Child**

**Module Title                      Developmental Psychology**

***Introduction and Rationale***

A knowledge and understanding of child development, and the issues pertaining to it, is essential for the paediatric nurse. In order to care appropriately for a child the nurse needs to know what to expect of that child and be able to apply developmental psychology in meeting his/her needs. A knowledge of developmental progress enables nurses to communicate effectively with children of all ages.

***Aims of the Module***

1. Course members will be enabled to develop and enrich their knowledge base in relation to child development, and helped to apply this knowledge in assessing the play and developmental needs of children.
  2. The module also aims to develop the course member's existing knowledge and skills in order to care appropriately for children and carers experiencing loss.
-

**Module Title                      Sociology and Social Policy**

***Introduction and Rationale***

This module will examine social aspects of health, illness and health care provision. It will demonstrate how social factors influence patterns of health and illness and the ways in which illness is perceived and treated by both health care personnel and clients.

***Aim of the Module***

The course member will build on existing knowledge and experience to explore competing theoretical perspectives in the social sciences and their application to health and health care provision.

-----

**Module Title                      Health Promotion and Education**

***Introduction and Rationale***

Paediatric nurse are in a unique position to bring about change and in particular to influence the health of children. This module is therefore vital in order to develop course member's knowledge and experience in the theory and practice of health promotion and education, as well as the ability to apply it to a variety of institutional and on-institutional settings.

***Aim of the Module***

1. The aim of this module is that course members will build on existing knowledge and skills to enable them to implement health education/promotion initiatives in both hospital and community settings. They will develop the ability to choose appropriate models, materials and language to undertake this education with a variety of client groups, and be able to evaluate the effectiveness of the approaches used.

-----

**Module Title                      Growth and Maturation of Body Systems**

***Introduction and Rationale***

During infancy and childhood the body's systems develop and mature to adult capacity. It is important for paediatric nurses to understand this growth process in order for them to care for children safely and effectively. It is not enough simply to apply their existing knowledge so this module is an important step in developing the competencies required for the paediatric nurse.

***Aim of the Module***

1. To enable the course members to develop a sound knowledge and understanding of the maturation of a child's body systems in order that they might apply this to all aspects of a child's care.
- 

**Theme : Paediatric Nursing**

**Module Title                      Nursing Theories**

***Introduction and Rationale***

This module complements the Foundations of Paediatric Nursing Practice module in that it provides a basis on which to examine the theories and philosophies underpinning nursing and caring. In changing the professional focus of the Enrolled Nurse, it is vital that the theoretical basis of nursing is explored in some detail.

***Aim of Module***

1. To enable the course members to build on existing knowledge in developing a deeper understanding of the theoretical basis of nursing. It is hoped that they will be able to apply this knowledge to practice and become more critical of nursing care.
-

**Module Title                      Children with Special needs**

***Introduction and Rationale***

The term 'special needs' encompasses a wide range of both permanent and transitory special needs including physical, developmental, cognitive, emotion and social difficulties/problems. The paediatric nurse is likely to meet children with any of the aforementioned special needs in a variety of settings. These children have needs over and above those of other children. Course members will therefore require knowledge and understanding of the various categories of 'special needs' in order to adapt care accordingly.

***Aim of the Module***

1. To enhance the course members' awareness and understanding of the range of special needs and to equip them to be appropriately sensitive in caring for children and their families.
- 

**Module Title                      Foundations of Paediatric Nursing Practice**

***Introduction and Rationale***

This module is the essence of the course in that it examines the practical care of children, sick or well, in hospital and in the community. Caring for children requires a sound theoretical knowledge of the social, psychological, emotional and physical factors involved in growth and maturation and therefore this module will draw on the content of all the other modules.

***Aim of the Module***

1. The aim of this module is that course members will build on existing skills and knowledge, adapt existing skills and develop new ones in order that they might provide nursing care to children of all ages with a variety of problems.
-



## Appendix 11

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

### About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

### How to complete the questionnaire

1. Choose one module offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one course which you consider to be flexible. Select only a module/course which fits one of these categories.

- higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

| Access and Provision  |   |
|---|---|
| Provision of module/programme   |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                     | ✓ |
| 2. No minimum number of students for the module/programme to run                                  |   |
| Location of module/programme  |   |
| 1. The institution offers this module/programme at one location only                              |   |
| 2. The institution offers this module/programme at more than one location                         | ✓ |
| Time of the module/programme  |   |
| 1. The module/programme is offered outside normal working hours                                   | ✓ |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only      |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only | ✓ |

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

Name of education establishment/trust.....

Name of contact person.....

Telephone number.....

Title of module/course..... PART-TIME CONVERSION COURSE EN-RSCN .....

Is this a module or course? Please indicate with a tick. Module ☐ Course ☒

If module, please indicate level.....

Total number of hours of learning for module/course.....  

THEORY 900  
PRACTICE 1350 } 2250 HRS

CATS-rating..... PART 8 CERTIFICATE COURSE .....

Is this module/course ENB approved? Please indicate with a tick. Yes ☒ No ☐

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                                   | ✓ |
| 2. No minimum number of students for the module/programme to run  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only  | ✓ |
| 2. The institution offers this module/programme at more than one location                                       |   |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours   |   |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only                    |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only               |   |
| 4. The module/programme is offered outside normal working hours, on weekday evenings and weekends               |   |
| 5. The timing of the module/programme is negotiable to meet the needs of the individual                         | ✓ |
| 6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630 | ✓ |
| <b>Module/programme choice</b>  |   |
| 1. Module/programme the only option at a particular time  |   |
| 2. Module/programme always offered as one of a choice of the same group of modules                              |   |
| 3. Module/programme offered as one of a choice of a different group of modules on each occasion                 | ✓ |
| <b>Range of mode of study</b>   |   |
| 1. Learners can select any one of a wide range of modes of study  |   |
| 2. Learners can select any one of a limited range of modes of study   | ✓ |
| 3. Learners are able to negotiate to use a mode of study of their choice  |   |
| 4. Mode of study specified by the teacher, institution or external agency                                       |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision Continued</b>   |   |
| Starting date of module/programme   |   |
| 1. One fixed point during the year  | ✓ |
| 2. Some choice for example two or more entry points during the year   |   |
| 3. Entry at any time  |   |
| <b>Entry requirements</b>   |   |
| 1. Specific qualifications and experience required  | ✓ |
| 2. Specific qualifications required   |   |
| 3. Range of qualifications and experience accepted  |   |
| 4. Evidence of learning from appropriate experience accepted (eg APEL)  | ✓ |
| 5. No entry requirements  |   |
| <b>Mode of attendance</b>   |   |
| 1. No requirement to attend an educational establishment for module/programme learning activities                       |   |
| 2. Negotiated requirement to attend an educational establishment for module/programme learning activities               | ✓ |
| 3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time |   |
| 4. Requirement to attend all module/programme learning activities at a specified time                                   |   |
| <b>Finishing date of module/programme</b>   |   |
| 1. Fixed finishing date   |   |
| 2. Negotiable finishing date  |   |
| 3. Negotiable within a fixed time span  | ✓ |
| <b>Payment for module/programme</b>   |   |
| 1. Payment in full before the module/programme commences  |   |
| 2. One payment in full at beginning of module/programme   |   |
| 3. One payment in full at fixed point during the module/programme   | ✓ |
| 4. Payment by cheque or cash only   | ✓ |
| 5. Payment by credit card accepted  |   |
| 6. Direct debit payment over several months   |   |
| 7. Interest-free loan from local Hospital/Hospital Trust  |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>TEACHING AND LEARNING</b>  |   |
| <b>Content of the module/course</b>   |   |
| 1. Content specified by the teacher, institution or external agency   |   |
| 2. Narrow choice of content   |   |
| 3. Wide choice of content   |   |
| 4. Content negotiated to meet learner's needs   | ✓ |
| 5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL            | ✓ |
| <b>Mode of teaching and learning</b>  |   |
| 1. Only activities such as lecturing, note-taking and reading prepared materials                              |   |
| 2. Activities as above with other activities such as discovery learning, and participatory exercises          | ✓ |
| 3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises |   |
| 4. Only discovery learning and participatory exercises  |   |
| <b>Resources for teaching and learning</b>  |   |
| 1. Teacher/trainer sole resource  |   |
| 2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area | ✓ |
| 3. Teacher/trainer + other people such as specialists or peers  | ✓ |
| 4. Teacher/trainer + other resources and people   |   |
| 5. Learning packages of print material sole resource  |   |
| 6. Learning packages supplemented by tutorial and peer support  |   |
| 7. Learning packages supplemented by texts  |   |
| 8. Learning packages supplemented by, for example videos, CDs, computer software                              | ✓ |
| <b>Access to tutorial support</b>   |   |
| 1. Tutorial support only available within time-tabled sessions  |   |
| 2. Tutorial support available outside time-tabled sessions in person and at fixed times only                  |   |
| 3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone               |   |
| 4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone  | ✓ |
| 5. Access to tutorial support restricted to working hours   | ✓ |
| 6. Tutorial support available outside working hours   |   |
| <b>Pace of progression through the module/course</b>  |   |
| 1. Pace determined by the tutor   |   |
| 2. Pace negotiated between the tutor and the student  |   |
| 3. Pace determined by the student   |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

| ASSESSMENT  |   |
|---|---|
| Pattern of summative assessment of theory and submission dates                              |   |
| 1. Assessment at end of module/course only  |   |
| 2. Assessment twice during the module/course with fixed submission dates                    |   |
| 3. Assessment twice during the module/course with negotiated submission dates               |   |
| 4. Assessment more than twice during the module/course with fixed submission dates          | ✓ |
| 5. Assessment more than twice during the module/course with negotiated submission dates     | ✓ |
| 6. No assessment  |   |
| Method of summative assessment  |   |
| 1. Unseen examination paper only  |   |
| 2. Unseen examination paper and other written assessment evidence, specified by teacher     |   |
| 3. Unseen paper and other written assessment evidence, negotiated by student and teacher    | ✓ |
| 4. No unseen paper, range of written assessment evidence, negotiated by student and teacher |   |
| 5. A range of assessment evidence specified by the teacher                                  |   |
| 6. A range of assessment evidence negotiated by student and teacher                         |   |
| Assessment of practice  |   |
| 1. Same criteria for each student   |   |
| 2. Criteria based on individual student's learning needs                                    | ✓ |
| 3. Criteria negotiated between student/teacher and assessor                                 | ✓ |
| 4. Criteria negotiated between student and teacher  |   |
| 5. Module can be used to demonstrate competencies in a NVO framework                        |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## **Dimensions of Flexibility Questionnaire**

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:

Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation

## **Appendix 12**

### **Details of Programme in Case Study 3**

#### **BSc (Hons) Advanced Professional Practice**

##### **Part One**

##### **Module Title/Module Aim(s)**

##### **1. The Effective Communicator**

To facilitate the student in:

- Becoming a more confident communicator in all interactions within the healthcare setting.
- To enable course members to maximise the effectiveness of communication systems and network within their clinical setting in order to improve and ensure quality of care.

##### **2. The Facilitator**

- To enable course members to recognise those situations that require a formal or a facilitative teaching approach. In order to maximise the effectiveness of the teaching/learning process within the clinical setting.

##### **3. The Change Agent, Research and User of Information Technology**

In relation to their own sphere of professional practice, this module endeavours to assist the course member to:

- Explore a selection of change theories, process and practices and relate them to managing change in clinical practice.
- To enable course members to recognise the value of research and information technology in developing a change 'strategy' and thereby become an empowered and more effective change agent.



#### **4. The Manager/Leader**

- The objectives and content of this module have been designed to present key theoretical principles and then to encourage group members to explore and apply these principles to their clinical practice are.

#### **5. Health Promoter/Health Care Provider**

- To promote personal reflection and consideration of the diversity of the concepts of health and illness.
- To explore a number of contemporary health issues including the nature of health promotion and their significance to health care e.g. The Health of the Nation.

#### **6. The Autonomous Practitioner**

- Explore concepts of professional responsibility and accountability in order for them to identify the legal and moral issues that affect clinical decision making.

A generic approach to the delivery of theory has been adopted, in order to enable students to share resources with co-professionals and also to enrich the learning experience.

Within each module a broad range of issues will be addressed to enable the student to appreciate the many facets of professional practice. Depth of learning will be expressed through the assessment strategy whereby students will be required to study a particular aspect of the module in depth for example within the Autonomous Practitioner module. Students may negotiate with the teacher and manager to use a case study from the practice area to evaluate their performance as a patient advocate. They will be expected to assess their acquired knowledge/skill and use this as a basis for discussion and to inform future practice:- 'how could I do it better next time?' This approach firmly links theory with practice and provides a forum for service personnel to participate in actively supporting students.

### **Part 2 The Dissertation**

#### **Aims and Objectives of the Dissertation**

The aims of the dissertation are to encourage students to enhance the quality of care in a defined area of practice by linking in-depth study of theory with reflective application in their professional practice.

## **Objectives**

At the end of the period of study all students will write a dissertation of approximately 12,000 words. This will require selection of a topic for in-depth study which is relevant professionally and which will promote integration of appropriate Key Characteristics from the ENB Specification into the student's professional practice. It will provide evidence of ability to do the following:

1. Apply higher level thinking/cognitive skills to the design and implementation of a logical plan of independent study in order to meet an appropriate deadline for submission of an extended piece of written work.
2. Critically analyse and soundly evaluate a wide range of relevant literature, including research studies.
3. Apply knowledge acquired from experience and from analysis of relevant literature to the exploration of work-based professional practice.
4. Reflect on the discovered links between theory and practice and synthesise these into a description of how quality of care may be improved.
5. Produce a dissertation which is logically-organised, clearly written and which contains well-balanced arguments.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

### About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

### How to complete the questionnaire

1. Choose one **module** offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one **course** which you consider to be flexible. Select only a module/course which fits one of these categories.

- higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

| Access and Provision  |   |
|---|---|
| Provision of module/programme   |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                     | ✓ |
| 2. No minimum number of students for the module/programme to run                                  |   |
| Location of module/programme  |   |
| 1. The institution offers this module/programme at one location only                              |   |
| 2. The institution offers this module/programme at more than one location                         | ✓ |
| Time of the module/programme  |   |
| 1. The module/programme is offered outside normal working hours                                   | ✓ |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only      |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only | ✓ |

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

Name of education establishment/trust.....

Name of contact person.....

Telephone number.....

Title of module/course... BSc HOWS ADVANCED PROFESSIONAL PRACTICE .....

Is this a module or course? Please indicate with a tick. Module ☐ Course ☒ DEGREE  
LEVEL PART  
OF COURSE

If module, please indicate level.....

Total number of hours of learning for module/course.....

CATS-rating... 120 LEVEL 3 .....

Is this module/course ENB approved? Please indicate with a tick. Yes ☒ No ☐

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                                   | ✓ |
| 2. No minimum number of students for the module/programme to run  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only  |   |
| 2. The institution offers this module/programme at more than one location                                       | ✓ |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours   |   |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only                    |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only               |   |
| 4. The module/programme is offered outside normal working hours, on weekday evenings and weekends               |   |
| 5. The timing of the module/programme is negotiable to meet the needs of the individual                         | ✓ |
| 6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630 |   |
| <b>Module/programme choice</b>  |   |
| 1. Module/programme the only option at a particular time  |   |
| 2. Module/programme always offered as one of a choice of the same group of modules                              | ✓ |
| 3. Module/programme offered as one of a choice of a different group of modules on each occasion                 |   |
| <b>Range of mode of study</b>   |   |
| 1. Learners can select any one of a wide range of modes of study  |   |
| 2. Learners can select any one of a limited range of modes of study   |   |
| 3. Learners are able to negotiate to use a mode of study of their choice  | ✓ |
| 4. Mode of study specified by the teacher, institution or external agency                                       |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision Continued</b>   |   |
| <b>Starting date of module/programme</b>  |   |
| 1. One fixed point during the year  |   |
| 2. Some choice for example two or more entry points during the year   | ✓ |
| 3. Entry at any time  |   |
| <b>Entry requirements</b>   |   |
| 1. Specific qualifications and experience required  |   |
| 2. Specific qualifications required   |   |
| 3. Range of qualifications and experience accepted  | ✓ |
| 4. Evidence of learning from appropriate experience accepted (eg APEL)  | ✓ |
| 5. No entry requirements  |   |
| <b>Mode of attendance</b>   |   |
| 1. No requirement to attend an educational establishment for module/programme learning activities                       |   |
| 2. Negotiated requirement to attend an educational establishment for module/programme learning activities               |   |
| 3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time | ✓ |
| 4. Requirement to attend all module/programme learning activities at a specified time                                   |   |
| <b>Finishing date of module/programme</b>   |   |
| 1. Fixed finishing date   |   |
| 2. Negotiable finishing date  |   |
| 3. Negotiable within a fixed time span UP TO 5 YEARS  | ✓ |
| <b>Payment for module/programme</b>   |   |
| 1. Payment in full before the module/programme commences  |   |
| 2. One payment in full at beginning of module/programme   |   |
| 3. One payment in full at fixed point during the module/programme   |   |
| 4. Payment by cheque or cash only   |   |
| 5. Payment by credit card accepted  |   |
| 6. Direct debit payment over several months   | ✓ |
| 7. Interest-free loan from local Hospital/Hospital Trust  |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>TEACHING AND LEARNING</b>  |   |
| <b>Content of the module/course</b>   |   |
| 1. Content specified by the teacher, institution or external agency   |   |
| 2. Narrow choice of content   |   |
| 3. Wide choice of content   |   |
| 4. Content negotiated to meet learner's needs   | ✓ |
| 5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL            | ✓ |
| <b>Mode of teaching and learning</b>  |   |
| 1. Only activities such as lecturing, note-taking and reading prepared materials                              |   |
| 2. Activities as above with other activities such as discovery learning, and participatory exercises          | ✓ |
| 3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises |   |
| 4. Only discovery learning and participatory exercises  |   |
| <b>Resources for teaching and learning</b>  |   |
| 1. Teacher/trainer sole resource  |   |
| 2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area |   |
| 3. Teacher/trainer + other people such as specialists or peers  | ✓ |
| 4. Teacher/trainer + other resources and people   |   |
| 5. Learning packages of print material sole resource  |   |
| 6. Learning packages supplemented by tutorial and peer support  |   |
| 7. Learning packages supplemented by texts  |   |
| 8. Learning packages supplemented by, for example videos, CDs, computer software                              | ✓ |
| <b>Access to tutorial support</b>   |   |
| 1. Tutorial support only available within time-tabled sessions  |   |
| 2. Tutorial support available outside time-tabled sessions in person and at fixed times only                  |   |
| 3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone               |   |
| 4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone  | ✓ |
| 5. Access to tutorial support restricted to working hours   | ✓ |
| 6. Tutorial support available outside working hours   |   |
| <b>Pace of progression through the module/course</b>  |   |
| 1. Pace determined by the tutor   |   |
| 2. Pace negotiated between the tutor and the student  | ✓ |
| 3. Pace determined by the student   |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

| ASSESSMENT  |   |
|---|---|
| Pattern of summative assessment of theory and submission dates                              |   |
| 1. Assessment at end of module/course only  |   |
| 2. Assessment twice during the module/course with fixed submission dates                    |   |
| 3. Assessment twice during the module/course with negotiated submission dates               |   |
| 4. Assessment more than twice during the module/course with fixed submission dates          | ✓ |
| 5. Assessment more than twice during the module/course with negotiated submission dates     |   |
| 6. No assessment  |   |
| Method of summative assessment  |   |
| 1. Unseen examination paper only  |   |
| 2. Unseen examination paper and other written assessment evidence, specified by teacher     |   |
| 3. Unseen paper and other written assessment evidence, negotiated by student and teacher    |   |
| 4. No unseen paper, range of written assessment evidence, negotiated by student and teacher |   |
| 5. A range of assessment evidence specified by the teacher                                  |   |
| 6. A range of assessment evidence negotiated by student and teacher                         | ✓ |
| Assessment of practice  |   |
| 1. Same criteria for each student   |   |
| 2. Criteria based on individual student's learning needs                                    |   |
| 3. Criteria negotiated between student/teacher and assessor                                 | ✓ |
| 4. Criteria negotiated between student and teacher  |   |
| 5. Module can be used to demonstrate competencies in a NVO framework                        |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:  
Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation

## **Appendix 14**

### **Details of Programme in Case Study 4**

#### **Enrolled Nurse Conversion Course**

##### **Unit One                      Foundation**

This unit address the role change in relation to the different competencies required of first and second level nurse; identifies students learning needs and the development of skills to meet those needs.

##### ***Indicative Content***

1. Preparing yourself for change - the change from second to first level nurse.
2. Getting to know the Open College Materials.
3. Major changes in nursing and nurse education.
4. Personal Learning profiles/learning contracts and logs.
5. Study skills.

##### ***Assessment*** (Formative)

Preparation of a study plan for Unit 2 (Health Studies).

A 500 word essay on a topic selected by the student - this will allow feedback to be give on writing skills.

## **Unit Two                      Health Studies**

In this unit, the student will further develop their knowledge and skills, in order to be able to:

1. Advise on the promotion of health and the prevention of illness.
2. Recognise situations that may be detrimental to health and well-being.

During this unit the student is expected to complete the following open college materials:

Models of Health (unit 6)  
Influence of Political Ideologies (unit 4)  
Minority Group Influences (unit 16)  
The Changing Nature of Work and Leisure (unit 5)  
Adaptation to change in Homeostasis (unit 2)  
Responses to Illness (unit 3)

Learning outcomes are identified at the beginning of each of these units.

### ***Assessment***

Formative - Complete learning logs and reading records for stated open learning units.

Summative - Case Study (2,000) words.

### **Unit 3                      Nursing Studies**

This unit, for management purposes, is divided into three parts.

- a)      Professional and ethical issues
- b)      Philosophies of care/delivery of care
- c)      Quality assurance

#### ***Professional and Ethical Issues***

In this unit, the student will develop further their knowledge and skills to be able to:

1. Recognise situations that may be detrimental to health and well being.
2. Work in a team with other nurses and with medical and para-medical staff and social workers.

During this unit the student is expected to complete the following open college material:

Personal Responsibility  
Developing a Personal Philosophy  
Society's Ideas about Nursing  
People and their Rights  
Accountability in Practice

#### ***Philosophies of Care/Delivery of Care***

In this unit, the student will develop further their knowledge and skills in order to be able to:

1. Carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements.
2. Recognise the significance of the observations made and use these to develop an initial nursing assessment.
3. Devise a plan of nursing care based on the assessment with the co-operation of the patient, to the extent that this is possible, taking into account the medical prescription.
4. Implement the planned programme of nursing care.

5. Review the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required.

During this unit the student is expected to complete the following open college material:

Philosophies of care (unit 7)  
Nursing Models (unit 12)  
The Nursing Process (unit 14)  
The Delivery of Care (unit 15)

### ***Quality Assurance***

In this unit the student will develop further their knowledge and skills in order to be able to:

1. View the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required.

During this unit the student is expected to complete the following open college material:

Organisation of Care in Practice (unit 11)

### ***Assessment***

Formative - Learning and Reading logs

Summative - The documentation of a patient assessment and the nursing care plan developed as a result of that assessment.

## **Unit 4          Interpersonal Skills**

This unit is designed to enable students to develop those interpersonal skills which are integral to all level 1 competencies.

This unit is divided into three parts:

- a)      Communication skills
- b)      Assertiveness and stress management
- c)      Counselling skills

### ***Indicative Content***

Models of communication: verbal and non-verbal communication; barriers to communication; group dynamics; assertiveness; stress and stress management; the counselling relationship; coping mechanisms; bereavement support.

### ***Assessment***

Formative - Learning logs

Summative - An analysis of a planned interaction (2000 words)

## **Unit 5            Specialised Clinical Experiences**

This unit incorporates the three specialist placements

Mother and baby

Mental health

Community

### ***Learning Outcomes***

#### **Mother and Baby**

During this unit the student will have the opportunity to:

1. Identify demands made by the body as a result of pregnancy, child birth and lactation.
2. Outline and discuss health education strategies that should be provided to promote a healthy pregnancy.
3. Review anatomy and physiology related to pregnancy and child birth.
4. Briefly explain the importance of screening and evaluation assessments used on mothers and babies.
5. Observe and discuss the changes occurring within families following the arrival of a baby.
6. Outline the management of normal child birth.
7. Observe and where appropriate assist in the assessment, planning and implementation of care for mothers and babies.
8. Explore ethical issues associated with pregnancy and child birth.

#### ***Mental Health***

During this unit the student will have the opportunity to:

1. Briefly outline factors contributing to maintenance of mental health.
2. Discuss the community's acceptance of, and attitudes towards, persons suffering from mental ill health.
3. Consider the importance of the nurse/client relationship in providing effective care.

4. Where appropriate, apply previous knowledge and skills to the observation, assessment and planning of care of clients who are mentally ill.
5. Participate in therapeutic activities designed to maximise the clients potential independence and mental well being.
6. Identify the need for, and discuss, legislation relating to patients with mental illness.
7. Identify and build upon existing interpersonal skills which will assist in meeting the care needs of the mentally ill.

### ***Community***

During this unit the student will have the opportunity to:

1. Identify health promotion strategies for individuals and groups.
2. Outline environmental factors that affect health in the community.
3. Discuss the range of health care provisions for children.
4. Discuss the provisions to support those with chronic disabilities.
5. Observe and participate in the assessment, planning and implementation of individualised care for patient/clients in the home.
6. Recognise the implications of increased number of elderly people for community care.
7. Identify the different communication skills needed when caring for patients/clients at home.

### ***Assessment***

Summative - 5,000 word essay. The student selects a topic of their choice which allows them to explore and demonstrate his/her knowledge and evaluative skills related to the broader issues of nursing. The following subject areas are given as examples that would be deemed suitable.

Advocacy in Nursing  
The Organisation and Management of Nursing Care  
Documentation of Nursing Care  
Patient Controlled Analgesia  
Complimentary Therapies  
Confidentiality



## **Unit 6            Teaching and Assessing**

In this unit the student will demonstrate their knowledge and skills in order to be able to:

1. Advise on the promotion of health and prevention of illness.
2. Implement the planned programme of nursing care and, where appropriate, teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care.

During this unit the student is expected to complete the following open college material:

The development of nurse education (unit 8)

### ***Indicative content***

Development in nurse education  
Teaching and learning in clinical practice  
Patient Education  
Creating a supportive learning environment  
Mentorship and clinical supervision

### ***Assessment***

Summative - A planned teaching session, to demonstrate the ability of the student to teach a patient or other member of the caring team.

## **Unit 7            Managing Nursing Care**

In this unit the student will develop further knowledge and skills in order to be able to:

1. Work in a team with other nurses and with medical and para-medical staff and social workers.
2. Undertake the management of care for a group of patients over a period of time and organise the appropriate support services.

During this unit the student is expected to complete the following open college material:

Organisation of care in the practice setting (unit 11)

### ***Indicative Content***

Leadership styles; resource management/skill mix; management of change; audit; team building; NHS reforms.

### ***Assessment***

Formative - Learning logs

Summative - Undertake the management of care for a group of patients over a period of not less than 4 hours.

-----

## **Unit 8            Consolidation/Reflection**

In this unit the student will have the opportunity to:

1. Assess personal philosophy.
2. Describe the benefits of reflective practice.
3. Discuss writing for publication.
4. Complete personal learning portfolio.
5. Develop further their presentation skills.
6. Design an action plan for future professional development.
7. Evaluate the Course.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

### About the questionnaire

The purpose of this questionnaire is to find out about the nature of flexible learning within post-registration nursing, midwifery and health visiting education.

The questionnaire consists of a number of descriptors of flexible modes of learning. You are asked to choose a module or course offered by your establishment which you consider to be flexible and then tick the descriptors of flexibility which you think apply to the module/course you have chosen.

### How to complete the questionnaire

1. Choose one **module** offered by your establishment which you consider to be flexible. If your establishment does not have a modular programme, please choose one **course** which you consider to be flexible. Select only a module/course which fits one of these categories.

- higher degree, degree and diploma courses;
- English National Board courses;
- CATS-rated courses and modules;
- modules/courses which have a duration of 60 hours of study or more.

2. Complete page two of the questionnaire which asks for basic information about the module/course you have chosen.

3. Complete pages three and four of the questionnaire which are concerned with the accessibility and provision of the module/course. Tick all the descriptors that you think are relevant.

Here is an example.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                     | ✓ |
| 2. No minimum number of students for the module/programme to run                                  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only                              |   |
| 2. The institution offers this module/programme at more than one location                         | ✓ |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours                                   | ✓ |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only      |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only | ✓ |

There is space for you to give additional information if you wish to.

4. Complete page five in a similar way. This page is concerned with teaching and learning.

5. Now complete page six which is concerned with assessment.

6. On page seven indicate any other ways in which you consider the module/course you have chosen uses a flexible mode of learning.

# THE FLEXIBILITY IN NURSE EDUCATION PROJECT

*A Research Project commissioned by the English National Board  
for Nursing, Midwifery and Health Visiting.*

## Dimensions of Flexibility Questionnaire

Name of education establishment/trust.....

Name of contact person.....

Telephone number.....

Title of module/course..... *ENROLLED NURSE CONVERSION* .....

Is this a module or course? Please indicate with a tick. Module ☐ Course ☒

If module, please indicate level.....

Total number of hours of learning for module/course.....

CATS-rating.....

Is this module/course ENB approved? Please indicate with a tick. Yes ☒ No ☐

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision</b>   |   |
| <b>Provision of module/programme</b>  |   |
| 1. Module/programme only runs when a minimum number of students have enrolled                                   | ✓ |
| 2. No minimum number of students for the module/programme to run  |   |
| <b>Location of module/programme</b>   |   |
| 1. The institution offers this module/programme at one location only  | ✓ |
| 2. The institution offers this module/programme at more than one location                                       |   |
| <b>Time of the module/programme</b>   |   |
| 1. The module/programme is offered outside normal working hours   |   |
| 2. The module/programme is offered outside of normal working hours, on weekday evenings only                    |   |
| 3. The module/programme is offered outside of normal working hours, on Saturdays and Sundays only               |   |
| 4. The module/programme is offered outside normal working hours, on weekday evenings and weekends               |   |
| 5. The timing of the module/programme is negotiable to meet the needs of the individual                         |   |
| 6. The module/course is offered only during normal working hours that is for example Monday to Friday 0830-1630 | ✓ |
| <b>Module/programme choice</b>  |   |
| 1. Module/programme the only option at a particular time  |   |
| 2. Module/programme always offered as one of a choice of the same group of modules                              |   |
| 3. Module/programme offered as one of a choice of a different group of modules on each occasion                 |   |
| <b>Range of mode of study</b>   |   |
| 1. Learners can select any one of a wide range of modes of study  |   |
| 2. Learners can select any one of a limited range of modes of study   | ✓ |
| 3. Learners are able to negotiate to use a mode of study of their choice  |   |
| 4. Mode of study specified by the teacher, institution or external agency                                       |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>Access and Provision Continued</b>   |   |
| <b>Starting date of module/programme</b>  |   |
| 1. One fixed point during the year  | ✓ |
| 2. Some choice for example two or more entry points during the year   |   |
| 3. Entry at any time  |   |
| <b>Entry requirements</b>   |   |
| 1. Specific qualifications and experience required  |   |
| 2. Specific qualifications required   |   |
| 3. Range of qualifications and experience accepted  |   |
| 4. Evidence of learning from appropriate experience accepted (eg APEL)  | ✓ |
| 5. No entry requirements  |   |
| <b>Mode of attendance</b>   |   |
| 1. No requirement to attend an educational establishment for module/programme learning activities                       |   |
| 2. Negotiated requirement to attend an educational establishment for module/programme learning activities               |   |
| 3. Requirement to attend an educational establishment for some module/programme learning activities at a specified time | ✓ |
| 4. Requirement to attend all module/programme learning activities at a specified time                                   |   |
| <b>Finishing date of module/programme</b>   |   |
| 1. Fixed finishing date   | ✓ |
| 2. Negotiable finishing date  |   |
| 3. Negotiable within a fixed time span  |   |
| <b>Payment for module/programme</b>   |   |
| 1. Payment in full before the module/programme commences  |   |
| 2. One payment in full at beginning of module/programme   |   |
| 3. One payment in full at fixed point during the module/programme   |   |
| 4. Payment by cheque or cash only   |   |
| 5. Payment by credit card accepted  |   |
| 6. Direct debit payment over several months   | ✓ |
| 7. Interest-free loan from local Hospital/Hospital Trust  |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.

## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

|   |   |
|---|---|
| <b>TEACHING AND LEARNING</b>  |   |
| <b>Content of the module/course</b>   |   |
| 1. Content specified by the teacher, institution or external agency   |   |
| 2. Narrow choice of content   |   |
| 3. Wide choice of content   |   |
| 4. Content negotiated to meet learner's needs   | ✓ |
| 5. Exemption allowed for prior learning for all or part of the module/course, for example APEL/APL            | ✓ |
| <b>Mode of teaching and learning</b>  |   |
| 1. Only activities such as lecturing, note-taking and reading prepared materials                              |   |
| 2. Activities as above with other activities such as discovery learning, and participatory exercises          |   |
| 3. Activities as in descriptor 1 but mainly activities such as discovery learning and participatory exercises | ✓ |
| 4. Only discovery learning and participatory exercises  |   |
| <b>Resources for teaching and learning</b>  |   |
| 1. Teacher/trainer sole resource  |   |
| 2. Teacher/trainer + other resources, for example texts, resource centres, libraries, visits to clinical area | ✓ |
| 3. Teacher/trainer + other people such as specialists or peers  | ✓ |
| 4. Teacher/trainer + other resources and people   |   |
| 5. Learning packages of print material sole resource  |   |
| 6. Learning packages supplemented by tutorial and peer support  | ✓ |
| 7. Learning packages supplemented by texts  |   |
| 8. Learning packages supplemented by, for example videos, CDs, computer software                              |   |
| <b>Access to tutorial support</b>   |   |
| 1. Tutorial support only available within time-tabled sessions  |   |
| 2. Tutorial support available outside time-tabled sessions in person and at fixed times only                  |   |
| 3. Fixed tutorial meetings in person with access as required by correspondence and/or telephone               |   |
| 4. Tutorial support negotiated as required and available in person and/or by correspondence and/or telephone  | ✓ |
| 5. Access to tutorial support restricted to working hours   |   |
| 6. Tutorial support available outside working hours   |   |
| <b>Pace of progression through the module/course</b>  |   |
| 1. Pace determined by the tutor   | ✓ |
| 2. Pace negotiated between the tutor and the student  |   |
| 3. Pace determined by the student   |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please tick the descriptors of flexibility which apply to the module/course selected. Tick all descriptors that you think are relevant.

| ASSESSMENT  |   |
|---|---|
| Pattern of summative assessment of theory and submission dates                              |   |
| 1. Assessment at end of module/course only  |   |
| 2. Assessment twice during the module/course with fixed submission dates                    |   |
| 3. Assessment twice during the module/course with negotiated submission dates               |   |
| 4. Assessment more than twice during the module/course with fixed submission dates          | ✓ |
| 5. Assessment more than twice during the module/course with negotiated submission dates     |   |
| 6. No assessment  |   |
| Method of summative assessment  |   |
| 1. Unseen examination paper only  |   |
| 2. Unseen examination paper and other written assessment evidence, specified by teacher     |   |
| 3. Unseen paper and other written assessment evidence, negotiated by student and teacher    | ✓ |
| 4. No unseen paper, range of written assessment evidence, negotiated by student and teacher |   |
| 5. A range of assessment evidence specified by the teacher                                  |   |
| 6. A range of assessment evidence negotiated by student and teacher                         |   |
| Assessment of practice  |   |
| 1. Same criteria for each student   |   |
| 2. Criteria based on individual student's learning needs                                    |   |
| 3. Criteria negotiated between student/teacher and assessor                                 | ✓ |
| 4. Criteria negotiated between student and teacher  |   |
| 5. Module can be used to demonstrate competencies in a NVQ framework                        |   |

Please add any additional information about your responses if you wish to. Continue on a separate sheet of paper if necessary.



## Dimensions of Flexibility Questionnaire

Please indicate any other way, or ways, which you consider the module/course you have described to use a flexible mode of learning.

Please return this questionnaire to:  
Brenda Clarke  
Research Officer  
School of Education  
University of Bath  
Claverton Down  
Bath BA2 7AY

Thank you for your co-operation

## **Appendix 16**

### **Performance Indicators for the Effective Management of Flexible Learning in Post-registration Nurse Education**

#### **Revised Version**

##### **A. Planning the module/programme.**

**This set of indicators is concerned with the management of the planning of the module/programme. Effective management in this area would be characterised by the involvement of potential learners and employers with teaching staff in the planning process.**

**The main purposes of effective management in this area are: to improve access and availability; to improve the provision of the relevant learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

##### **Pre-conditions.**

***In respect of the flexibility achieved through the planning of the module/programme:***

1. How is the involvement of learners and employers in planning the module/programme stated in policy documents?
2. How is equality of opportunity ensured in the involvement of learner and employers in planning the module/programme?
3. How do employment policies and staff deployment take account of the effects on the teaching staff of involving learners and employers in planning the module/programme?
4. What provision is there for the development of staff involved in the planning of the module/programme?
5. How are the resources required for involving learners and employers in planning the module/programme considered?
6. How are those involved in planning the module/programme informed of the extent to which flexibility should underpin provision?

##### **Process.**

***In respect of the flexibility achieved through the planning of the module/programme:***

7. How is the effect of involving learners and employers in planning the module/programme monitored?
8. How is the effective use of resources analysed during the planning of the module/programme which involves learners and employers?

**Outcomes.**

***In respect of the flexibility achieved through the planning of the module/programme:***

9. In what ways do those involved in planning the module/programme - the learners and the employers - have a clearer understanding of the implications of flexibility?
10. How has the involvement of learners and employers in planning the module/programme enabled the needs of the stakeholders to be met?
11. How effectively are resources used in involving learners and employers in planning the module/programme?
12. How is the involvement of learners and employers in planning the module/programme evaluated?
13. What improvements are made to the involvement of learners and employers in planning the module/programme?

## **B. Modularisation.**

**This set of indicators is concerned with the management of the modular nature of the programme. Effective programme management in this area would be characterised by ensuring that the learners again the benefits that can arise from the extended choice which modularisation, and where possible the breaking down of modules into smaller units, can bring.**

**The main purposes of effective management in this are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.**

### **Pre-conditions.**

***In respect of the flexibility achieved through the modularisation of programmes:***

1. How is the extent to which flexibility, achieved through the modularisation of programmes, should underpin provision stated in policy documents?
2. How is equality of opportunity ensured in flexible provision through the modularisation of programmes?
3. How is flexibility of provision achieved through the modularisation of programmes influenced by the needs of the stakeholders?
4. What provision is there for the development of staff?
5. How do employment policies and staff deployment take account of the effect of modularisation of programmes on teaching staff?
6. How are the resources required for flexible provision through the modularisation of programmes considered?
7. How are those involved in providing the programme informed of the extent to which flexibility through the modularisation of programmes should underpin provision?
8. How do the programme documents indicate the parameters within which negotiation about the flexibility of provision resulting from the modularisation of programmes can take place?
9. How is information about the flexibility of provision resulting from the modularisation of programmes made available to the learner?

### **Process.**

***In respect of the flexibility achieved through the modularisation of programmes:***

10. How is the effect on the work of members of staff resulting from the modularisation of programmes monitored?
11. How is the effective use of resources analysed during a modular programme?
12. How is information for learners on any changes in the modular nature of the programme updated?
13. How do learners negotiate variations in the modular nature of the programme?

14. How is time made available in the programme for the teacher and learner to negotiate variations in the modular nature of the programme?

**Outcomes.**

***In respect of the flexibility achieved through the modularisation of programmes:***

15. In what ways do those involved in providing the modular programme have a clearer understanding of the implications of the flexibility achieved through modularisation?

16. How has the provision of a modular programme enabled the needs of the stakeholders to be met?

17. How effectively are resources used in the provision of the modular programme?

18. How are negotiations on the modular nature of the programme conducted within the parameters described in the programme documents?

19. How are the learners' individual needs met through the provision of a modular programme?

20. How is the flexibility achieved through the modular programme evaluated?

21. What improvements are made to the flexibility achieved by the provision of a modular programme?

## **C Credit-rating.**

**This set of indicators is concerned with the management of the credit-rating of the module/programme. Effective management of flexible provision in this area would be characterised by ensuring that, where possible, the module/programme is appropriately credit-rated and that the credit-rating is known.**

**The main purpose of effective management in this area is to encourage self-direction in professional development.**

### **Pre-conditions.**

***In respect of the flexibility achieved through the credit-rating of the module/programme:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. What provision is there for the development of staff?
5. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
6. How is information about the flexibility of provision made available to the learner?

### **Process**

***In respect of the flexibility achieved through the credit-rating of the module/programme:***

7. How is information for learners on any changes in the flexibility of provision updated?

### **Outcomes.**

***In respect of the flexibility achieved through the credit-rating of the module/programme:***

8. How has flexible provision enabled the needs of the stakeholders to be met?
9. How are the learners' individual needs met?
10. How is the flexibility of provision evaluated?
11. What improvements are made to the flexibility of the module/programme?

#### **D. Choice available the learner**

##### ***D1. Choice and recruitment.***

##### ***D2. Choice and pre-conditions***

##### ***D3. Choice of the module/programme.***

**This set of indicators is concerned with the management of the availability of modules/programmes particularly in relation to potential constraints on availability. These constraints could include: a requirement for a minimum enrolment of learners before the module programme will run and an upper limit to the number of learners who may enrol. Effective management therefore would be characterised minimising the constraints on the availability of the module/programme.**

**This set of indicators is also concerned with the management of the range of choice of modules/programmes available to the learner. Performance in this areas is concerned with optimising choice and ensuring that the learner's choice of modules is not unreasonably constrained. Examples unreasonable constraint would include an unnecessary requirement that modules should be taken in a particular order or, where modules are chosen from groups of modules, that a module can only be chosen from one group.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

***In respect of the flexibility achieved through the choice of modules/programmes available to the learner:***

- 1. How is the extent to which flexibility should underpin provision stated in policy documents?**
- 2. How is equality of opportunity ensured?**
- 3. How is the range of choice influenced by the needs of the customer?**
- 4. How do employment policies and staff deployment take account of the effect on staff of flexible provision?**
- 5. What provision is there for the development of staff?**
- 6. How are the resources required for flexible provision considered?**
- 7. How have all those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?**
- 8. How do the module/programme documents indicate the parameters within which negotiation about the range of the choice of module/programme can take place?**
- 9. How is information about the range of choice made available to the learner?**
- 10. How does the design of the programme achieve an appropriate balance between core and option modules?**

11. How wide is the range of modules/programmes at different levels from which learners can select the module/programme?
12. How are learners guided in their choice of module/programme?

**Process.**

***In respect of the flexibility achieved through the choice of modules/programmes available to the learner:***

13. How is the effect on the work of members of staff monitored?
14. How is the effective use of resources analysed during the module/programme?
15. How is the information for learners on any changes updated?
16. How do learners negotiate variations in provision?
17. How is time made available in the module/programme for the teacher and learner to negotiate choices?
18. How are all college staff aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?
19. How can choice made at the outset of a programme be re-negotiated to meet the learner's needs?

**Outcomes.**

***In respect of the flexibility achieved through the choice of modules/programmes available to the learner:***

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?
27. How does information on the modules/programmes facilitate the choices made by the learners?
28. How has choosing appropriate modules enabled the learners to follow a coherent pathway?
29. How many learners study a further module?
30. How satisfied are learners with the range of modules/programmes offered?
31. How satisfied are learners with the guidance offered?



## **E. Starting date of module/programme.**

**This set of indicators is concerned with managing the starting date of the module/programme. Effective management would be characterised by providing learners with a range of starting dates for the module/programme or by allowing the module programme to start at any time.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

### **Pre-conditions**

***In respect of the flexibility achieved through the starting dates of the module/programme:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is the information about the flexibility of provision made available to the learner?
10. How do administrative systems allow flexibility in module/programme starting dates?
11. How are seasonal factors and holidays considered?
12. How are semester and/or term times considered?
13. How does the design of the module enable learners to join at more than one point in the year?
14. How are the staff of the providing institution made aware of the starting dates of modules/programmes in advance?
15. How does the negotiation of starting dates take ENB regulations into account?

### **Process**

***In respect of the flexibility achieved through in starting dates of the module/programme:***

16. How is the effect of flexible provision on the work of members of staff monitored?

17. How is the effective use of resources analysed during the module/programme?
18. How is information for learners on any changes in the flexibility of provision updated?
19. How are learners able to negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of flexibility achieved through the starting dates of the module/programme:***

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?
28. Do the starting dates of modules enables learners to study further modules?

## **F. Entry to the module/programme.**

### ***F1. Provision of information to potential learners.***

**This set of indicators is concerned with the management of the provision of information to potential learners. Effective management in this area would be characterised by the provision of ‘Drop-in’ Centres and ‘Open Days’ to inform potential learners about professional development opportunities.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in the professional development and to improve the way in which learners’ individual needs are met.**

#### **Pre-conditions.**

##### ***In respect of the flexibility achieved through the provision of information to potential learners:***

1. How is the provision of information to potential learners stated in policy documents?
2. How is equality of opportunity ensured?
3. How is the provision of information to potential learners influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect on the teaching staff of providing information to potential learners?
5. What provision is there for the development of staff?
6. How are the resources required for providing information to potential learners considered?
7. How are those involved in providing information to potential learners informed of the extent to which flexibility should underpin provision?

#### **Process.**

##### ***In respect of the flexibility achieved through the provision of information to potential learners:***

8. How is the effect of providing information to potential learners on the work of members of staff monitored?
9. How is the effective use of resources analysed during the provision of information to potential learners?

#### **Outcomes.**

##### ***In respect of the flexibility achieved through the provision of information to potential learners:***

10. In what ways do those involved in providing the information to potential learners have a clearer understanding of the implications of flexibility?
11. How has providing information to potential learners enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the provision of information to potential learners?

13. How does the provision of information to potential learners enable learners' individual needs to be met?
14. How is the provision of information to potential learners evaluated?
15. What improvements are made to the provision of information to potential learners?

## **F. Entry to the module/programme.**

### ***F2. Entry requirements.***

**This set of indicators is concerned with the management of the requirements for entry to a module/programme. Effective management in this area would be characterised by minimising the entry requirements to the module/programme, allowing a range of entry requirements and accrediting prior experience for the purpose of entry to the module/programme.**

**The main purpose of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

##### ***In respect of the flexibility achieved through the entry requirements:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiations about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What is the policy on the use of AP(E)L as a way of meeting the entry requirements for the module/programme?
11. How is AP(E)L used to meet the entry requirements for the module/programme?
12. How are the minimum entry requirements set?
13. What is the nature of the access programmes designed to facilitate entry to the module/programme?
14. What are the ways in which the entry requirements can be met?
15. How is guidance given to learners on how to meet the entry requirements?

#### **Process**

##### ***In respect of the flexibility achieved through the entry requirements:***

16. How is the effect of flexible provision on the work of members of staff monitored?
17. How is the effective use of resources analysed during the module/programme?

18. How is information for learners on any changes in the flexibility of provision updated?
19. How do learners negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?

### **Outcomes**

#### ***In respect of flexibility achieved through the entry requirements:***

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?
28. How do learners meet the requirements of entry to the module/programme in a variety of ways?
29. How do pass rates and completion rates indicate that learners are not disadvantaged as a result of meeting the entry requirements in different ways?
30. How does the guidance on how to meet the entry requirements given to learners meet their needs?

## **F. Entry to the module/programme.**

### ***F3. Sponsorship***

**This set of indicators is concerned with the management of the sponsorship and support of learners by their employers. Effective management in the area would involve ensuring that communication between the learners, employers and the providing institution were such that access of learners to learning opportunities was optimised and that the learning of those taking the module/programme was appropriately supported.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs.**

#### **Pre-conditions.**

##### ***In respect of flexibility achieved through the sponsorship of learners:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process**

##### ***In respect for flexibility achieved through the sponsorship of learners:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of flexibility achieved through the sponsorship of learners:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?



## **G. Modes of study available to the learner.**

**This set of indicators is concerned with the management of the modes of study available to the learner. Effective management of flexible provision in this area would be characterised by offering a range of modes of learning to the learner, for example, distance learning, intensive residential periods of study or evening sessions.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

### **Pre-conditions.**

***In respect of the flexibility achieved through the modes of study;***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How are the learners enabled to select any one of a wide range of modes of study?
11. Are learners offered guidance in their choice of modes of study?

### **Process.**

***In respect of the flexibility achieved through the modes of study:***

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes on the flexibility of provision updated?
15. How are learners able to negotiate any variations in provision?
16. How is time made available in the module/programme for teacher and learner to negotiate variations?

17. How are teaching staff made aware of the extent to which flexibility underpins provision so they can inform and guide learners appropriately during the module/programme?
18. How are choices made at the outset of the programme re-negotiated to meet the learner's needs?
19. What is the nature of the staff development programme which is to enable staff to facilitate different modes of learning?

**Outcomes.**

***In respect of the flexibility achieved through the range of modes of study:***

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?
27. Are learners satisfied with the range of modes of study offered?
28. Are learners satisfied with the guidance offered?

## **H. Provision of the module/programme.**

### ***H1. Classroom based sessions.***

#### ***H1.1. Scheduled times of classroom-based sessions.***

**This set of indicators is concerned with the management of the time at which the module/programme is scheduled. Effective management in this area would be characterised by minimising the requirement on the learner to attend at a scheduled time, by for example offering a mode of learning which obviated the requirement, allowing the time of attendance to be negotiated, or by scheduling the times outside 'normal' working hours.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

***In respect of the flexibility achieved through the scheduled time of the module/programme:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is the equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

***In respect of the flexibility achieved through the scheduled time of the module/programme:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the scheduled time of the module/programme:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

## **H. Provision of the module/programme.**

### ***H1. Classroom based sessions.***

#### ***H1.2. Starting and finishing times of classroom-based sessions.***

**This set of indicators is concerned with the management of the starting and finishing times of the classroom-based sessions of the module/programme. Effective management in this area would be characterised by utilising a mode of starting and finishing times to be negotiated.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-directed in professional development and to improve the way in which learners' individual needs are met.**

#### **Pre-conditions.**

***In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

***In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the starting and finishing times of the classroom-based sessions of the module/programme:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

## **H. Provision of the module/programme.**

### ***H1. Classroom based sessions.***

#### ***H1.3. Location of classroom-based sessions.***

**This set of indicators is concerned with the management of the location at which the module/programme is offered. Effective management in this area would be characterised by minimising the requirement on the learner to attend classroom-based sessions at a particular location by for example offering a mode of learning which obviated the requirement, or by providing the module at a number of different locations.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

***In respect of the flexibility achieved through the location of the location of classroom-based sessions:***

1. How is the extent to which flexibility should be underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

***In respect of the flexibility achieved through the location of the location of classroom-based sessions:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is the information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the location of the location of classroom-based sessions:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?



## **H. Provision of the module/programme.**

### ***H2. Practice element of the module/programme.***

#### ***H2.1. location of practice placement.***

**This set of indicators is concerned with the management of the location of any practice elements of the module/programme. Effective management in this area would be characterised by ensuring that the provision of relevant learning experiences in the module/programme and access to educational opportunities were both optimised. For example, the desirability of requiring learners to have experience of practice in other settings would need to be set against the limitations such a requirement would have on access. Likewise, locating all the practice elements in the learner's own workplace would reduce the opportunities for learning by experiencing practice in other settings.**

**The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

##### ***In respect of the flexibility achieved through the location of practice placement:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

##### ***In respect of flexibility achieved through the location of practice placement:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?

14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of flexibility achieved through the location of practice placement:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

16. How has flexible provision enabled the needs of the stakeholders to be met?

17. How effectively are resources used in the flexible provision of the module/programme?

18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?

19. How are the learners' individual needs met?

20. How is the flexibility of provision evaluated?

21. What improvements are made to the flexibility of the module/programme?

## **H. Provision of the module/programme.**

### ***H2. Practice element of the module/programme.***

#### ***H2.1. Choice of practice placement.***

**This set of indicators is concerned with the management of the choice of the practice placement. Effective management in this area would be characterised by for example, providing appropriate guidance to the learners if they are to arrange their own placements and monitoring the choice of placements to ensure that the purposes of effective management are achieved.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met/**

#### **Pre-conditions.**

##### ***In respect of the flexibility achieved through the choice of practice placement:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

##### ***In respect of the flexibility achieved through the choice of practice placement:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the choice of practice placement:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

## **H. Provision of the module/programme.**

### ***H2. Practice element of the module/programme.***

#### ***H2.3. Constraints on the use of practice placements as a result of quality controls.***

**This set of indicators is concerned with the monitoring of the practice placements that are used during the module/programme. Effective management in this area would be characterised by ensuring that while the practice placements were adequately resourced for use during the module/programme, learners were not thereby unduly restricted because of the limitation on the number of places available.**

**The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

##### ***In respect of the flexibility achieved through the constraints on the practice placements:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Process.**

##### ***In respect of the flexibility achieved through the constraints on the practice placements:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the constraints on the practice placements:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?
17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
21. What improvements are made to the flexibility of the module/programme?

## **I. Requirement to attend.**

**This set of indicators is concerned with the management of flexibility in respect of requirement to attend the providing institution. Effective management in this area would be characterised by minimising the requirement on the learner to attend by for example offering a mode of learning which obviated the requirement or by allowing attendance to be negotiated.**

**The main purposes of effective management in this area are : to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

### **Pre-conditions.**

***In respect of the flexibility achieved through the requirement to attend:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff.
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How does the requirement to attend take account of the distance from the study centre and social, economic and employment factors?
11. How is staff availability and utilisation considered in relation to the learners' obligation to attend?
12. How are the attendance needs of individual learners assessed?
14. How are resources made available to support a negotiated expectation of attendance?
15. How are learners given acceptable notice of requirements to attend?

### **Process.**

***In respect of the flexibility achieved through the requirement to attend:***

16. How is the effect of flexible provision on the work of members of staff monitored?
17. How is the effective use of resources analysed during the module/programme?
18. How is information for learners on any changes in the flexibility of provision updated?

19. How do learners negotiate any variations in provision?
20. How is time made available in the module/programme for the teacher and learner to negotiate variations?
21. Is learner attendance monitored?
22. Is there assistance for learners who are experiencing difficulty in achieving minimum attendance?

**Outcomes.**

***In respect of the flexibility achieved through the requirement to attend:***

23. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
24. How has flexible provision enabled the needs of the stakeholders to be met?
25. How effectively are resources used in the flexible provision of the module/programme?
26. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
27. How are the learners' individual needs met?
28. How is the flexibility of provision evaluated?
29. What improvements are made to the flexibility of the module/programme?
30. How many learners achieve the required attendance pattern?
31. What are the differences in outcomes for learners who attend less often than others?



## **J. Payment for attending/studying.**

**This set of indicators is concerned with the management of the payment of learners for attendance at scheduled sessions of the module/programme or for time spent studying for the module/programme. Effective management in this area would be characterised by ensuring that learners were either paid for attendance/study time or given some form of payment in kind such as time off in lieu.**

**The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

### **Pre-conditions.**

#### ***In respect of the flexibility achieved through the method of payment:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for the flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

### **Process.**

#### ***In respect of the flexibility achieved through the method of payment:***

10. How is the effect of flexible provision on the work of members of staff monitored?
11. How is the effective use of resources analysed during the module/programme?
12. How is information for learners on any changes in the flexibility of provision updated?
13. How do learners negotiate any variations in provision?
14. How is time made available in the module/programme for the teacher and learner to negotiate variations?

### **Outcomes.**

#### ***In respect of the flexibility achieved through the method of payment:***

15. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
16. How has flexible provision enabled the needs of the stakeholders to be met?

17. How effectively are resources used in the flexible provision of the module/programme?
18. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
19. How are the learners' individual needs met?
20. How is the flexibility of provision evaluated?
21. What improvements are made to the flexibility of the module/programme?

## **K. Payment of the module/programme fee.**

### ***K1. Source of payment***

**this set of indicators is concerned with the management of the source of the payment of the fees for the module/programme. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid by the learner's employer or for the employer to offer the learner an interest free loan to cover the cost of the fee.**

**the main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

***In respect of flexibility achieved through the source of payment of the module/programme fee:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about the flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Outcomes.**

***In respect of flexibility achieved through the source of payment of the module/programme fee:***

10. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
14. How are the learners' individual needs met?
15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

## **K. Payment of the module/programme fee.**

### ***K2. Method of payment***

**This set of indicators is concerned with the management of how payment of the module/programme fee is made particularly if the learner is paying for her/himself. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid in a number of ways such as in cash, by cheque or by credit card.**

**The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs.**

#### **Pre-conditions.**

***In respect of flexibility achieved through the method of payment of the module/programme fee:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. what provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Outcomes.**

***In respect of flexibility achieved through the method of payment of the module/programme fee:***

10. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
14. How are the learners' individual needs met?
15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

## **K. Payment of the module/programme fee.**

### ***K3. Time of payment***

**This set of indicators is concerned with the management of when the fee for the module/programme is paid. Effective management in this area would be characterised by arranging for the fee for the module/programme to be paid over an extended period or after the module/programme is completed.**

**The main purposes of effective management in this area are: to improve access and availability and to improve the way in which learners' individual needs and the needs of other stakeholders are met.**

#### **Pre-conditions.**

***In respect of flexibility achieved through the timing of the payment for the module/programme fee:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?

#### **Outcomes.**

***In respect of flexibility achieved through the timing of the payment for the module/programme fee:***

10. In what ways do those involved in providing the module/programme have clearer understanding of the implications of flexibility?
11. How has flexible provision enabled the needs of the stakeholders to be met?
12. How effectively are resources used in the flexible provision of the module/programme?
13. How successfully are negotiations on flexible provision of the module/programme?
14. How are the learners' individual needs met?
15. How is the flexibility of provision evaluated?
16. What improvements are made to the flexibility of the module/programme?

#### **L. Finishing date of module/programme.**

**This set of indicators is concerned with the managing the finishing date of the module/programme. Characteristics of effective management in this area would include having no pre-set finishing date, allowing negotiations or having a range of appropriate finishing dates.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

#### **Pre-conditions.**

***In respect of the flexibility achieved through the finishing dates of the module/programme:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effects of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the implications of the resources required for flexible provision considered?
7. How has everyone involved in providing the module/programme been informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
10. How are administrative systems set up to allow flexibility in module/programme finishing date?
11. How are seasonal factors and holidays considered?
12. How are semester and/or term times considered?
13. How can the finishing date be changed during the module/programme to meet the needs of the learner?
14. How are the examination procedures appropriate for the finishing dates of the modules/programmes?
15. How do staff of the providing institution know the finishing dates of modules/programmes in advance?
16. How does the negotiation of finishing date take ENB regulations into account?

#### **Process.**

***In respect of the flexibility achieved through the finishing dates of the module/programme:***

17. How is the effect of flexible provision on the work of members of staff monitored?

18. How is the effective use of resources analysed during the module/programme?
19. How is information for learners on any changes in the flexibility of provision updated?
20. How are learners able to negotiate any variations in provision?
21. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.**

***In respect of the flexibility achieved through the finishing dates of the module/programme:***

22. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
23. How has flexible provision enabled the needs of the stakeholders to be met?
24. How effectively are resources used in the flexible provision of the module/programme?
25. How are negotiations on flexibility conducted within the parameters described in the module/programme documents?
26. How are the learners' individual needs met?
27. How is the flexibility of provision evaluated?
28. What improvements are made to the flexibility of the module/programme?
29. How do the finishing dates of modules enable learners to study further modules?

## **M. Content of module/programme.**

**This set of indicators is concerned with the management of the variation of the module/programme content. Effective management in this area would be characterised by having a wide range of content for a module/programme, learners negotiation the content of the module/programme or learners being exempt from part of it through for example, the accreditation of prior (experiential learning (AP(E)L).**

**The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

### **Pre-conditions.**

***In respect of the flexibility achieved through the content of the module:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholder?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What is the policy for the accreditation of prior (experiential) learning?
11. How is the content of the module/programme relevant to contemporary care practices?
12. What is the availability of teachers for guiding the AP(E)L process?

### **Process.**

***In respect of the flexibility achieved through the content of the module:***

13. How is the effect of flexible provision on the work of members of staff monitored?
14. How is the effective use of resources analysed during the module/programme?
15. How is information for learners on any changes in the flexibility of provision updated?
16. How do learners negotiate any variations in provision?
17. How is time made available in the module/programme for the teacher and learner to negotiate variations?
18. How does the AP(E)L scheme operate?



19. How is the relevance of content evaluated during the module/programme?
20. How is the range of content negotiated by the learner documented?

**Outcomes.**

***In respect of the flexibility achieved through the content of the module:***

21. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
22. How has flexible provision enabled the needs of the stakeholders to be met?
23. How effectively are resources used in the flexible provision of the module/programme?
24. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
25. How are the learners' individual needs met?
26. How is the flexibility of provision evaluated?
27. What improvements are made to the flexibility of the module/programme?
28. Can learners demonstrate achievement of learning outcomes?
29. Are learners satisfied with the negotiation process?

## **N. Teaching and learning activities.**

**This set of indicators is concerned with the management of the range and kind of teaching and learning activities used. Effective management in this area would be characterised by the use of a wide range of teaching and learning activities which minimised the use of teacher-centred didactic activities and passive recipient of instruction. Negotiation of teaching and learning activities would also feature.**

**The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

### **Pre-conditions.**

#### ***In respect of flexibility achieved through teaching and learning activities:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What is the agreed strategy for assessing the learning styles of individual learners?
11. How do teacher learner ratios allow a variety of teaching and learning activities to be used?

### **Process.**

#### ***In respect of flexibility achieved through teaching and learning activities:***

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes in the flexibility of provision updated?
15. How do learners negotiate any variations in provision?
16. How is time made available in the module/programme for the teacher and learner to negotiate variations?
17. How are teaching styles adapted to individual learning styles?

18. How are learners enabled to identify their own preferred learning styles at the beginning of the module/programme?

**Outcomes.**

***In respect of flexibility achieved through teaching and learning activities:***

19. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

20. How has flexible provision enabled the needs of the stakeholders to be met?

21. How effectively are resources used in the flexible provision of the module/programme?

22. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?

23. How are the learners' individual needs met?

24. How is the flexibility of provision evaluated?

25. What improvements are made to the flexibility of the module/programme?

26. How does the use of different learning styles throughout the module/programme enhance the learner's development?

27. How are the teaching and learning activities effective and appropriate?

28. How are learners able to achieve module outcomes in a variety of ways to suit their individual learning styles?

## **O. Resources for teaching and learning.**

### ***O1. The teacher as the resource for learning.***

**This set of indicators is concerned with the management of the teacher as a resource for teaching and learning and the range of material resources, other than the teacher, that are provided for teaching and learning. Effective management in this area would be characterised by supporting the teacher by using others with specialist expertise and other resources such as texts, resource centres, libraries.**

**The main purposes of effective management in this area are: to improve the relevance of the learning experiences; to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

#### **Pre-conditions**

***In respect of flexibility achieved through supporting the teacher as the resource for learning:***

1. How is the extent to which flexibility should underpin provision stated policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What library facilities accessible to learners?

#### **Process.**

***In respect of flexibility achieved through supporting the teacher as the resource for learning:***

11. How is the effect of flexible provision on the work of members of staff monitored?
12. How is the effective use of resources analysed during the module/programme?
13. How is information for learners on any changes in the flexibility of provision updated?
14. How do learners negotiate any variations in provision?
15. How is time made available in the module/programme for the teacher and learner to negotiate variations?

16. What is the nature and availability of central services, for example, the library, postal library schemes, borrowing rights, inter-library loan schemes and information technology?
17. How are learners made aware of their entitlement to facilities?
18. What is the range of resources available?
19. What is the learners' level of satisfaction with the range of resources available?

**Outcomes.**

***In respect of flexibility achieved through supporting the teacher as the resource for learning:***

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How is the flexibility of provision evaluated?
26. What improvements are made to the flexibility of the module/programme?

## **O. Resources for teaching and learning.**

### ***O2. The use of learning packages.***

**This set of indicators is concerned with the management of the use of teaching and learning packages such as text-based independent study materials. Effective management in this area would be characterised by the use of such resources in conjunction with other resources such as teachers and peers, new technologies and texts.**

**The main purposes of effective management in this area are: to improve access and availability; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.**

#### **Pre-conditions**

##### ***In respect of flexibility achieved through the use of learning packages:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What library facilities are accessible to learners?

#### **Process.**

##### ***In respect of flexibility achieved through the use of learning packages:***

11. How is the effect of flexible provision on the work of members of staff monitored?
12. How is the effective use of resources analysed during the module/programme?
13. How is information for learners on any changes in the flexibility of provision updated?
14. How do learners negotiate any variations in provision?
15. How is time made available in the module/programme for the teacher and learner to negotiate variations?
16. What is the nature and availability of central services, for example, the library, postal library schemes, borrowing rights, inter-library loan schemes and information technology?
17. How are learners made aware of their entitlement to facilities?

19. What is the learners' level of satisfaction with the range of resources available?

**Outcomes.**

***in respect of flexibility achieved through the use of learning packages:***

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?

21. How has flexible provision enabled the needs of the stakeholders to be met?

22. How effectively are resources used in the flexible provision of the module/programme?

23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents/

24. How are the learners' individual needs met?

25. How is the flexibility of provision evaluated?

26. What improvements are made to the flexibility of the module/programme?

**P. Access to teacher guidance.**

***P1. Availability of teacher guidance.***

**This set of indicators is concerned with the management of the availability of teacher guidance. Effective management in this area would be characterised by having teacher guidance available at all times or by having teacher guidance widely available by negotiation.**

**the main purposes of effective management in this area are: to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

**Pre-conditions.**

***In respect of flexibility achieved through the availability of tutorial guidance:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How do the staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?
11. what is the agreed system for learners to access teacher guidance?
12. How is the entitlement of learners to guidance made clear in the module/programme documentation?
13. How is the effect of teacher learner ratios on teacher guidance considered?

**Process.**

***In respect of flexibility achieved through the availability of tutorial guidance:***

14. How is the effect of flexible provision on the work of members of staff monitored?
15. How is the effective use of resources analysed during the module/programme?
16. How is information for learners on any changes in the flexibility of provision updated?
17. How do learners negotiate any variations in provision?
18. How is time made available in the module/programme for the teacher and learner to negotiate variations?
19. What time is made available for teacher guidance?



## **Outcomes**

### ***In respect of flexibility achieved through the availability of teacher guidance:***

20. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
21. How has flexible provision enabled the needs of the stakeholders to be met?
22. How effectively are resources used in the flexible provision of the module/programme?
23. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
24. How are the learners' individual needs met?
25. How are the learners' individual needs met?
26. What improvements are made to the flexibility of the module/programme?
27. What factors influenced the achievement of the agreed teacher learner ratio?

**P. Learner access to teacher guidance.**

***P2. The nature of teacher-learner contact.***

**This set of indicators is concerned with the management of the nature of teacher-learner contact. Effective management in this area would be characterised by having a wide range of possible forms of contact - in person, by correspondence or by telephone - or by learner and teachers negotiating the kind of contact.**

**The main purposes of effective management in this area are: to encourage self-direction in professional development and to improve the way in which learners' individual needs are met.**

**Pre-conditions.**

***In respect of flexibility achieved through the nature of teacher-learner contact:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How do staff development strategies ensure that teachers understand the guidance needed by learners on a flexible learning programme?
11. What is the agreed system for learners to access teacher guidance?
12. How is the entitlement of learners to guidance made clear in the module/programme documentation?
13. How is face to face teacher guidance available?
14. How is the correct academic level of teacher guidance ensured?

**Process.**

***In respect of flexibility achieved through the nature of teacher-learner contact:***

15. How is the effect of flexible provision on the work of members of staff monitored?
16. How is the effective use of resources analysed during the module/programme?
17. How is information for learners on any changes in the flexibility of provision updated?

18. How do learners negotiate any variations in provision?
19. How is time made available in the module/programme for the teacher and learner to negotiate variations?
20. What time is made available for tutorial guidance?
21. How are records kept of learners' progress including a record of guidance given?
22. How are learners able to identify their personal teachers?
23. How is networking encouraged to promote peer support?

**Outcomes.**

***In respect of flexibility achieved through the nature of teacher-learner contact:***

24. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
25. How has flexible provision enabled the needs of the stakeholders to be met?
26. How effectively are resources used in the flexible provision of the module/programme?
27. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
28. How are the learners' individual needs met?
29. How is the flexibility of provision evaluated?
30. What improvements are made to the flexibility of the module/programme?
31. How is the agreed teacher learner ratio achieved?
32. In what ways is tutorial guidance an effective resource for learners?

## **Q. Pace of progression through the module/programme.**

**This set of indicators is concerned with the management of the pace of progression through the module/programme and who determines the pace of progression. Effective management in this area would be characterised by allowing the individual learner's pace through the module/programme to be controlled by the learner or to be negotiated between the teacher and the learner.**

**The main purpose of effective management in this area is to improve the way in which learners' individual needs are met.**

### **Pre-conditions**

***In respect of flexibility achieved through the pace of progression through the module:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters with which negotiation about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. How are the maximum and minimum times for progression through the module/programme specified by professional/academic regulations?
11. What access do learners have to institutional regulations on the maximum and minimum times for progression through the module/programme?

### **Process.**

***In respect of flexibility achieved through the pace of progression through the module:***

12. How is the effect of flexible provision on the work of members of staff monitored?
13. How is the effective use of resources analysed during the module/programme?
14. How is information for learners on any changes in the flexibility of provision updated?
15. How do learners negotiate any variations in provision?
16. How is time made available in the module/programme for the teacher and learner to negotiate variations?

**Outcomes.*****In respect of flexibility achieved through the pace of progression through the module:***

17. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
18. How has flexible provision enabled the needs of the stakeholders to be met?
19. How effectively are resources used in the flexible provision of the module/programme?
20. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
21. How are the learners' individual needs met?
22. How is the flexibility of provision evaluated?
23. What improvements are made to the flexibility of the module/programme?
24. In what ways is the curriculum sufficiently flexible to allow learners to determine the pace of progression?
25. How is guidance available for learners progressing at a different pace?
26. What evidence is there of learners progressing at different paces through the module/programme?
27. How is the teacher able to cope with individualised programmes?
28. How is pace of progression negotiated to meet learners' individual needs?
29. How are teaching and learning strategies adjusted to changes in the pace of progression?
30. What is the availability of staff to manage learners progressing at their own pace?
31. How is learner progression through the module/programme documented

## **R. Assessment of theory.**

### ***R1. Pattern of assessment.***

### ***R2. Timing of assessment.***

### ***R3. Assessment task.***

### ***R4. Form of assessment evidence.***

### ***R5. Assessment criteria.***

**This set of indicators is concerned with the management of the assessment of theory in the module/programme and it covers the pattern of assessment, the timing of assessment, the assessment task, the form of assessment evidence and assessment criteria. Effective management in this area would be characterised by allowing the learner to decide about the nature of the assessment process, the nature of the assessment process being negotiated between the teacher and learner or by allowing a range of options in the assessment process.**

**The main purposes of effective management in this area are: to encourage self-direction in professional development; to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.**

## **Pre-conditions.**

***In respect of the flexibility achieved through the pattern of assessment, the timing of assessment, the assessment task, the form of assessment evidence and assessment criteria:***

1. How is the extent to which flexibility should underpin provision stated in policy documents?
2. How is equality of opportunity ensured?
3. How is flexibility of provision influenced by the needs of the stakeholders?
4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?
5. What provision is there for the development of staff?
6. How are the resources required for flexible provision considered?
7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?
8. How do the module/programme documents indicate the parameters within which negotiations about flexibility of provision can take place?
9. How is information about the flexibility of provision made available to the learner?
10. What mechanisms are in place which allow the assessment procedures within the institution to cope with flexibility of assessment?
11. What staff development programmes are provided to meet the needs of assessors of flexible learning?
12. What processes have been developed to enable flexibility in the pattern of assessment?
13. How is the number of attempts learners have at any particular assessment stated in module/programme documents?

14. How is the extent of flexibility in the pattern of assessment stated in the module/programme documents?
15. How are assessment guidelines and criteria made available for learners at an appropriate time?
16. How does module/programme planning allow for a range of assessments to be used?
17. How are the different types of assessment comparable and appropriate?

#### **Process.**

##### ***In respect of the flexibility achieved through the number of assessments:***

18. How is the effect of flexible provision on the work of members of staff monitored?
19. How is the effective use of resources analysed during the module/programme?
20. How is information for learners on any changes in the flexibility of provision updated?
21. How do learners negotiate any variations in provision?
22. How is time made available in the module/programme for the teacher and learner to negotiate variations?
23. How do learners receive adequate guidance during the assessment process?
24. What guidance is available for all learners wishing to negotiate the methods of assessment?
25. How is the range of assessment tasks subject to moderation?
26. How are assessment criteria available for learners at an appropriate time?

#### **Outcomes.**

##### ***In respect of the flexibility achieved through the number of assessments:***

27. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
28. How has flexible provision enabled the needs of the stakeholders to be met?
29. How effectively are resources used in the flexible provision of the module/programme?
30. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
31. How are the learners' individual needs met?
32. How is the flexibility of provision evaluated?
33. What improvements are made to the flexibility of the module/programme?
34. How do the assessment procedures within the institution cope effectively with flexible patterns of assessments?
35. How is the pattern of assessment monitored for examination boards?
36. How is the pattern of assessment appropriate?
37. What is the variety of assessment methods that have been negotiated?
38. What records are kept of the methods of assessment chosen?
39. How do the pass rates for flexible and traditional assessment methods compare?
40. How do learners negotiate the assessment method?

## **S. Assessment of practice.**

### ***S1. Pattern of assessment.***

### ***S2. Timing of assessment.***

### ***S3. Method of assessment.***

### ***S4. Form of assessment evidence.***

### ***S5. Assessment criteria.***

**this set of indicators is concerned with the management of the assessment of practice in the module/programme and it covers the pattern of assessment, the timing of assessment, the method of assessment, the form of assessment evidence and assessment criteria. Effective management in this area would be characterised by allowing the learner to decide about the nature of the assessment process, the nature of the assessment process being negotiated between the teacher and learner, or by allowing a range of options in the assessment process.**

**The main purposes of effective management in this area are: to improve the relevance of the learning experiences and to improve the way in which learners' individual needs are met.**

## **Pre-conditions.**

***In respect of the flexibility achieved through the pattern of assessment, the timing of assessment, the method of assessment, the form of assessment evidence and assessment criteria:***

- 1. How is the extent to which flexibility should underpin provision stated in policy documents?**
- 2. How is equality of opportunity ensured?**
- 3. How is flexibility of provision influenced by the needs of the stakeholders?**
- 4. How do employment policies and staff deployment take account of the effect of flexible provision on the teaching staff?**
- 5. What provision is there for the development of staff?**
- 6. How are the resources required for flexible provision considered?**
- 7. How are those involved in providing the module/programme informed of the extent to which flexibility should underpin provision?**
- 8. How do the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place?**
- 9. How is information about the flexibility of provision made available to the learner?**
- 10. How is assessment of practice acknowledged as an important component of the learning experience?**
- 11. What is the relationship between the level of skills in the clinical area and the academic level of the module/programme?**
- 12. How are the criteria selected for assessment of practice appropriate for the module/programme?**
- 13. What is the nature of professional development programme to assist staff to prepare for and maintain their role in assessment of practice?**



14. How is it established that there are sufficient qualified staff for the role of assessors of clinical practice?
15. What is the strategy for effective liaison between education and service in relation to placement availability for the learner on a flexible learning programme?
16. How have practice placement areas been audited for suitability?
17. Are strategies employed to enable learners to negotiate practice outcomes at the appropriate level?
18. How does the design of the documentation enable the assessor to record and monitor progress and achievement?

#### **Process.**

##### ***In respect of the flexibility achieved through the number of assessments:***

19. How is the effect of flexible provision on the work of members of staff monitored?
20. How is the effective use of resources analysed during the module/programme?
21. How is information for learners on any changes in the flexibility of provision updated?
22. How do learners negotiate any variations in provision?
23. How is time made available in the module/programme for the teacher and learner to negotiate variations?
24. Is time available during the placement for the learner and assessor to negotiate possible approaches to assessment?
25. Are assessment criteria available for learners at an appropriate time?
26. What is the support structure for assessors of practice?
27. How is it established that there are suitably qualified staff assessing the learners in the clinical area?
28. How is placement audit information used to ensure a learning experience of appropriate quality?
29. What guidance is there for learners in the clinical area?
30. How is the learner's progress through a placement monitored?
31. How is it ensured that placement areas are not overloaded with learners seeking experience?
32. What staff development programmes are available to update assessors?

#### **Outcomes.**

##### ***In respect of the flexibility achieved through the number of assessments:***

33. In what ways do those involved in providing the module/programme have a clearer understanding of the implications of flexibility?
34. How has flexible provision enabled the needs of the stakeholders to be met?
35. How effectively are resources used in the flexible provision of the module/programme?
36. How successfully are negotiations on flexibility conducted within the parameters described in the module/programme documents?
37. How are the learners' individual needs met?
38. How is the flexibility of provision evaluated?

- 39. What improvements are made to the flexibility of the module/programme?
- 40. Is the assessment process appropriate for the module/programme?
- 41. Is there acceptable pass rate?

## **T. Evaluation.**

**This set of indicators is concerned with the management of the evaluation of flexible learning. Effective management in this area would be characterised by the involvement of appropriate stakeholders, such as potential learners and employers, with teaching staff in the evaluation which would cover all the aspects of flexible provision.**

**The main purposes of effective management in this area are: to improve access and availability; to encourage self-direction in professional development; to improve the relevance of the learning experiences and improve the way in which learners' individual needs and the needs of other stakeholders are met.**

***In respect of the flexibility achieved through the involvement of learners and employers in the evaluation of all the aspects of flexible provision:***

1. How is the extent to which flexibility underpins provision stated in policy documents evaluated?
2. How is equality of opportunity in flexible provision evaluated?
3. How is the way in which the needs of the stakeholders influence provision evaluated?
4. How is the way in which employment policies and staff deployment take account of the effect of flexible provision on the teaching staff evaluated?
5. How is the consideration of resources required for flexible provision evaluated?
6. How is the way in which those involved in providing the module/programme are informed of the extent to which flexibility should underpin provision evaluated?
7. How is the way in which the module/programme documents indicate the parameters within which negotiation about flexibility of provision can take place evaluated?
8. How is the way in which information about the flexibility of provision is made available to the learner evaluated?
9. How is the monitoring of the effect of flexible provision on the work of members of staff evaluated?
10. How is the analysis of the effective use of resources during the module/programme evaluated?
11. How is the updating of information for learners on any changes in the flexibility of provision evaluated?
12. How is the way in which learners negotiate any variations in provision evaluated?
13. How is the way in which time is made available in the module/programme for the teacher and learner to negotiate variations evaluated?
14. How are the ways in which those involved in providing the module/programme have a clearer understanding of the implications of flexibility evaluated?

15. How are the ways in which flexible provision has enabled the needs of the stakeholders to be module/programme evaluated?
16. How are the ways in which resources are used in the flexible provision of the module/programme evaluated?
17. How is the way in which negotiations on flexibility are conducted within the parameters described in the module/programme documents evaluated?
18. How is the way in which the learners' individual needs are met evaluated?
19. In what ways does the evaluation strategy incorporate all the dimensions of flexible learning ?
20. What improvements are made to the flexibility of the module/programme as a result of the evaluation?
21. How does the evaluation strategy cope with the flexible nature of the module/programme?
22. How is the evaluation format appropriate for flexible learning?
23. What is the nature of the audit tool which evaluates practice under all the performance indicators in the effective management of flexible learning?

# The purpose of flexible learning in post-registration nurse education

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## The purpose of flexible learning in post-registration nurse education

Post-registration nurse education in England has changed significantly in recent years. One of the most significant changes has been the emergence of flexible learning which is characterized by adaptations in the way programmes are planned, the nature of provision, the ways of enhancing access, the process of teaching and learning, the nature of assessment and the way in which programmes are evaluated. This paper reviews the influences on nurse education at post-registration level which have brought about flexible learning. It analyses the purposes of flexible learning by integrating theoretical considerations and the outcomes of the case study of programmes and modules deemed by providers to be flexible. The over-arching purpose of flexible learning is the improvement of educational quality, specifically in relation to improving access, availability, relevance, and the way in which individual practitioners' needs and importantly the needs of other stakeholders (for example, providers, employers and validating bodies) are met. Flexible learning is also concerned with encouraging self-direction in professional learning. The different purposes and the way in which they interrelate, together with the range of different stakeholders and their potentially conflicting needs, significantly complicates the management of flexible learning.

**Keywords:** flexible learning, nurse education, continuing education, professional development

## INTRODUCTION

Bligh (1982 p. 53), in making a number of recommendations to those providing courses in higher education in the UK, urged them 'to be in all things more flexible'. Over a number of years, nurse education at post-registration level has certainly become more flexible with for example,

the modularization of programmes and the use of distance and open learning (Rogers *et al.* 1989, Robinson 1989) and the nature of that flexibility is becoming clearer (Kelly & Keely 1992, Clarke & James 1995). But despite those developments, the purpose of increasing flexibility has not been fully explored. This paper sets out to analyse the purpose of flexible learning, drawing on the influences which have driven recent changes in provision, theoretical considerations and data collected from the case study of flexible post-registration courses.

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## INFLUENCES ON THE PROVISION OF POST-REGISTRATION NURSE EDUCATION IN THE UK

In recent years, a number of influences have brought about developments in continuing education provision for nurses, midwives and health visitors at post-registration level.

Firstly, changes in the structure and organization of the National Health Service (NHS) in the UK have had a substantive effect on provision. The establishing of trusts and the creation of an internal quasi-market (Le Grand & Bartlett 1993) within the NHS have provoked a sharper delineation between the purchasers and providers of education. Within this changed relationship, there is greater accountability on purchasers to achieve value for money and on providers to offer education of appropriate quality and kind in order to meet the needs of the purchasers. The purchasers — the trusts — are increasingly demanding that provision is targeted to meet their requirements as they seek to achieve the correct balance of skills within their work-forces and to manage education and training provision so as to minimize staff replacement costs. Clearly, meeting the needs of the purchasers of post-registration continuing education for nurses is an important influence on provision.

Secondly, nurses are now formally required to develop their professional knowledge and skills and to maintain documented evidence of that development (UKCC 1992). Individual performance reviews, now an established part of nurses' working lives will increasingly focus attention on development needs. If performance reviews are to have meaningful impact, those needs will have to be met by provision appropriate to the needs of individual practitioners.

Thirdly, nurses, the majority of whom are women, are increasingly seeking out professional development opportunities for themselves. Changes in the working lives, career patterns and lifestyles of many nurses and a desire to fulfil more ambitious career aspirations than in the past are leading many to initiate and undertake educational activities in order to advance their careers (Davies *et al.* 1990).

Fourthly, institutional changes within nurse education have had an influence on the nature of provision. Many colleges of nursing have been incorporated into higher education and have felt the pressures that higher education in the UK has been under in recent years. These influences have included: increased accountability to students (see for example Phillips 1989); the requirement to recruit more students in order to achieve the expansion or 'massification' (Trow 1981) of higher education which government policies (DES 1991) have demanded; a broadening of the range of teaching and assessment strategies and the implementation of institutional policies to enhance access to educational opportunities (CNA 1989).

Fifth, there is an increasing understanding of the complex nature of professional knowledge. In nursing, earlier dominant themes of rule-based practice (see for example

Pearce 1941), research-based practice (Committee on Nursing 1992) or practice as the technical application of theory (Chinn & Jacobs 1987) have been supplanted and subsumed by reflective practice (Schon 1983) as an underpinning theme (see for example Atkins & Murphy 1993, Palmer *et al.* 1994, Johns 1995, Clarke *et al.* 1996). Reflective practice sees nursing practice as the outcome of a complex interaction within the nurse of her prior experience and the context for action. Such a view broadens the task of educating nurse practitioners and complicates it particularly because of the contentious and inadequately understood underpinnings of the reflective practice model (Clarke *et al.* 1996). Developments have also been influenced by a growing understanding of the way in which adults learn as a consequence of their characteristics (Knowles 1980, 1984) and the nature of the learning process in adults (Boud *et al.* 1985) and a desire to incorporate those understandings into the practice of post-registration nurse education (Gerrish 1990, Rolfe 1993).

## TOWARDS FLEXIBLE LEARNING

As a result of the changes listed in the previous section, nurse education has changed considerably. In terms of new modes of learning, there have been three broad themes: distance learning, open learning and most recently, flexible learning. Because the themes overlap in their characteristics it is not easy to distinguish unequivocally one from the other, either in nurse education or in other settings. In brief, distance learning generally is characterized by separation (see Rowntree 1992) and a similar rationale has been used to define it in nursing (Clarke & Robinson 1994). In open learning, both in nursing and in other contexts, the stress is on the use of learning packages — typically text-based materials — to enhance learner choice and control (Kelly & Keely 1992). Flexible learning generally (FEU 1983, Waterhouse 1990) and in post-registration nurse education (Kelly & Keely 1992, Clarke *et al.* 1996) is characterized by adaptations in the way programmes are planned, the nature of provision, the ways in which access to programmes is enhanced, the process of teaching and learning, the nature of assessment and the way in which programmes are evaluated. In this paper, the purposes which underpin those adaptations are explored. An understanding of the purposes of flexible learning is essential if the appropriateness of adaptations in the provision of continuing professional education for nurses is to be securely grounded.

## THE PURPOSES OF FLEXIBLE LEARNING

### The development of the purposes

The purposes of flexible learning have emerged during an English National Board-commissioned study of flexible

learning which involved the case study (Yin 1994) of flexible courses. The study yielded an improved understanding of the nature of flexible learning (Clarke & James 1995) and its purposes which are the subject of this report. The interpretation of the purposes presented here is the result, in the main, of two main considerations.

### *The theoretical issues*

Consideration of the theoretical issues involved a review of the published literature in open and flexible learning; the influences which have promoted changes in provision and the nature of professional practice and its development.

### *Empirical evidence*

Nine modules or programmes, deemed by their providers to be flexible, were studied as units of analysis (Yin 1994) through documentary analysis and a total of 65 interviews with course managers, managers of nurses participating in the programme and the participants themselves. The data collection explored the nature of flexibility and the way the module or programme was managed within the different dimensions of flexibility (Clarke & James 1995). The data were analysed by open coding (Berg 1989). The institutions where the case studies were carried out covered the NHS regions and the range of providers, nursing branches and levels of courses.

The empirical data from the case studies has served to validate the theoretical considerations. Simultaneously, the theoretical considerations informed and influenced the collection of data. In the description of the purposes below, the case study data and the theoretical justification are presented together. Two particular issues are worthy of note at this stage.

### *The stakeholders in flexible learning*

Much of the literature on open learning has stressed the importance of 'learner centred-ness' (see for example Coffee 1977, Dixon 1987, Holt & Bonnici 1988, Rowntree 1992, Race 1994, Clark & Robinson 1994). Although there is a similar emphasis on the (more limited) literature on flexible learning (Waterhouse 1990, Kelly & Keely 1992), during this study, the interests of other stakeholders (that is, other than the learners) in the flexibility of nurse education provision became very clear. For example, the employers of nurses are important stakeholders and a central theme in their responses in this study was the importance of improving access to, and the availability of, provision which was relevant to *their* needs. Validating professional bodies are also important stakeholders. In addition, the needs and educational values of the providing institutions and those who work in them cannot be disregarded.

There are also a number of other stakeholders — such as the NHS regions, central government, 'others' of significance to the learners and the nurse teachers (their families,

for example) and so on. Meeting the needs of all the stakeholders through adaptations in provision is an important characteristic of flexible learning. The range of different stakeholders and their potentially conflicting needs significantly complicates the management of flexible learning.

### *Improvement as a purpose*

The improvement of educational quality emerged as the over-arching purpose of flexible learning in the case studies. This main purpose can be disaggregated into a number of different purposes: improving access, availability and relevance; encouraging self-direction in learning; and improving the way in which the learners' needs and the needs of all the other stakeholders are met. Although these different purposes can be separated out in this way, in many practical examples, they overlap and interrelate.

### *The purposes*

#### *To improve practitioners' access to continuing professional development opportunities*

Arguably there is an obligation on nurses, as professionals, to develop their practice; indeed there is a statutory requirement (UKCC 1992) for nurses to undertake continuing education. However, for a variety of reasons, access to professional development opportunities may be constrained. For example, family commitments and shift working may restrict when and where practitioners can study and employers may be reluctant to release employees during work time especially if the intended outcomes of the courses do not meet the employers' needs. The purpose of adaptations in educational practice which improve access is to overcome these constraints. The adoption of strategies which improve access:

- acknowledges the obligation and requirement on nurses to develop professionally (UKCC 1992);
- is a tangible recognition, and response to, the readiness and willingness of individual nurses, as adults and professionals, to learn (1984); and
- is a response to the changing career patterns and lifestyles of nurses (Davies *et al.* 1990).

The intention of educational establishments to improve access to continuing professional development opportunities was illustrated in a number of ways by the case study data. Firstly, there was often a commitment to deliver modules/programmes on as many sites as possible (many colleges occupied a number of sites following amalgamation and/or incorporation which facilitated this commitment). In some cases, modules/programmes would be rotated around the sites, so each time they were offered they would be offered on a different site. This acknowledged the need to provide education on a site which learners could access more easily and which was often more

convenient to both a learner's home and work place. The resource cost of this commitment to enhancing access was high in terms of teaching provision and upkeep of the various sites although the providers would have benefited from improved student recruitment.

Secondly, changing the time at which a module was scheduled improved access. In some of the institutions where case studies were carried out modules were offered during the evenings and/or at the weekends. In one example, the module had two study sessions per week which were scheduled to match the shift working patterns. This arrangement accommodated the needs of both the learners and the trusts for improved access as the teacher explained.

Those motivated to study the module could not get a whole day out from their clinical practice. The study was scheduled in the way it is for the benefit of both the learners and the trusts.

Thirdly, the accreditation of prior experience and learning (APEL) was used in seven out of the nine case studies as a means of improving access. These modules/programmes were at certificate, diploma and degree level and in most instances resource packs designed to help applicants make use of APEL were sent to those requesting information about modules/programmes, indicating a proactive approach to facilitating APEL. In one example, a modular programme leading to a BSc(Hons) degree in advanced professional practice, the learners clearly appreciated being able to use APEL to access the modules on the programme. In this case, the providing college considered that it had two roles to play. The first was to help practitioners to recognize and value their professional development which had resulted from improvements which they had made in their practice. The second was to show practitioners how such development could be exploited to promote access. In the words of the APEL co-ordinator for the programme:

One practitioner said 'Oh health promotion, yes I did a health promotion package'. I said tell me about your involvement in that, what did you do? And she'd visited other areas to have a look at what they were doing then did the background reading on it, she was able to tell me the literature that she'd looked at. and very gradually, as you progress with the interview they say something like, 'Oh yes and I've done so and so' and very often by the end of the interview they say, 'Yes, when I really start to think about it there is an awful lot that I have done in experience that I can bring forward.

Fourthly, in a number of the modules/programmes learners were able to negotiate the starting and finishing times of study days to coincide with child-care provision. Breaks in the module/programme schedules were negotiated to coincide with school holidays. Negotiated attendance was mentioned frequently in interviews with participants and was considered extremely important in improving access as this example indicates.

I think the flexibility definitely fits into a nurse's lifestyle. Especially a conversion course because a conversion course student is not going to be young, she's going to be a mature woman, married, with a commitment of maybe a family, even just a husband is a commitment, and a house and a steady job. So I definitely think you have to have some flexibility because if the hours were so rigid and the lectures and one thing and another, I just don't think it would be possible to do it. I think the flexibility of the course is an opening to do it.

In a number of the programmes, learners were given an extended period of time (for example, up to 5 years) in which to complete the programme. This facility enabled the learners to plan their studies and enabled them to take account of the needs of their families as well as improving the way in which their own needs were accommodated.

A final example of this 'improving access' purpose of flexible learning is the range of ways of paying the fees for the modules/programmes. Learners considered that being able to pay for the module in instalments helped to improve access. These comments represented the feelings of a large proportion of learners.

I wouldn't have been able to find the money. I think it was £550 initially and I think the finance department pay the education centre and they give it us on like an interest free loan. it's on my pay slip, it's got how much I still owe.

#### *To improve the availability of continuing professional development opportunities*

While access is concerned with facilitating the learners' participation in continuing professional development activities, improving availability is concerned with widening the choice of provision for:

- nurses who wish to develop their practice; and
- healthcare institutions which have to ensure that their staff are appropriately educated and qualified.

'Availability' and 'access' are in many ways complementary and are key aspects of 'opportunity' and many of the examples cited above, which illustrate how provision can be adapted to improve access, also improve availability. So, for example, offering a range of starting dates for a module during the year improves both access (learners do not have to wait) and availability (learners can choose when to start). In the case studies, modularization (and in some cases breaking modules into sub-units) was used extensively to improve availability and hence choice. In one award pathway, Advances in Care for the Adult Client Group, which consisted of six modules, three modules were compulsory. The remaining three could be chosen from a 'menu' of 14 modules. Improving availability in this way meant that learners could choose to follow a pathway which was appropriate to them.

Availability was also enhanced within individual mod-



ules by widening the range of assessment topics available and by making a range of clinical placements available. In general terms, in the improvement of availability to enhance learner choice, it is implicit that the learners are in the best position to know their learning needs. In continuing professional development in post-registration nursing, this issue is complicated by the needs of the other stakeholders, notably the employers. In the case studies, providers were overcoming this complication by involving the stakeholders in the planning and evaluation of professional development provision.

### *To encourage self-direction in professional development*

Characterizations of self-direction in nursing include learners taking responsibility for and making decisions about their learning and learners assuming control of the learning process (see for example Iwasiw 1987, Slevin & Lavery 1991). Inherent in self-direction in learning is the exercising of choice which is recognized as an important rationale for flexible learning (Kelly & Keely 1992). The encouragement of self-direction figured significantly in the case studies.

The encouragement of self-direction in post-registration nurse education is considered to be important for two reasons. Firstly, the encouragement of self-direction is a key underpinning principle of adult education on the grounds that adults have a deep psychological need to be self-directing (Knowles 1980, 1984). Although a similar rationale is employed in those advocating self-direction in nurse education (for example Gerrish 1990), the relevance of andragogy has been debated (Milligan 1995) and Knowles himself acknowledged that even in the most self-directed of learners there may be periods of dependency.

A second rationale for including the encouragement of self-direction in nurse education is based on the assertion that the characteristics of the professional nurse, such as the capacity for deliberate, responsible and autonomous action, are exactly those that the self-directed learner requires. However, although there is a good case for arguing as Rolfe (1993 p.150) does, that 'autonomous practitioners grow from autonomous students', the causal link between increased self-direction in learning and enhanced professional autonomy remains unproved. Further, the development of self-direction in learning presents problems to the educator. The ways in which the qualities of self-direction develop in nurses is not clearly understood (Rolfe 1993). For example, there are indications that participation in self-directed activities may not of itself improve the learner's self-direction (Wiley 1983). What is clear is that allowing 'freedom within boundaries' (Iwasiw 1987 p. 224) in continuing education programmes is important if self-direction is to be encouraged and adaptations revealed in the case studies allowed this purpose to be achieved.

In the case studies, self-direction was used as a way of enabling nurses to pursue matters of relevance to them with the teacher taking on a facilitatory role (see Gerrish 1990), as illustrated by the approach taken by one education manager.

It may be that it [the topic of study] is an issue of concern to that learner. In that sort of situation I would direct them to material that might help them to learn more about the topic.

The degree of learner self-direction varied amongst the modules/programmes studied. Learners were often guided to initial material on a particular topic area, as the example above illustrates, with the expectation that they would pursue the area of study through the use of additional sources obtained, for example as a result of library searches. From the data, it was apparent that learners were familiar with this approach and were also ready to make use of other learning resources including teachers and clinical specialists. Self-direction was also used to enable learners to maximize the learning from clinical placements. Generally, the educational management problems associated with self-direction in clinical placements were more complex than those associated with, for example, projects which were not practically based.

Enhancing self-direction was for many participants highly motivating and in some learners created a genuine sense of enjoyment of learning and a zest for further learning. The following comments of one learner illustrate the experience of many.

My first aim was to convert to a first level nurse and then as we became more involved in the programme, making choices and self-directing our learning, we realised just what we were getting out of it. I'm now halfway through the diploma, through the pathway as well as becoming a first level nurse and gaining an ENB certificate. So I am going to be there with the Project 2000 nurses because I've always said that nurses who don't do the diploma are going to be left behind. I'm still going to be here working in 10 years time and it's important that I do something.

*To improve the relevance of professional education*  
Rowntree (1992 p. 18) argues the case for open and distance learners needing the support of the 'learner's world', asserting that it 'may be both a rich resource to draw on in learning and a test bed for trying out new ideas'. For experienced nurses seeking to improve their practice through professional development activities, their 'world' is an essential resource in learning especially because of the practical nature of nursing knowledge. Improving the relevance of professional education for post-registration nurses involves providing educational experiences which recognize and acknowledge:

- the complex and practical nature of professional nursing knowledge;

- the central role of the experience of practice in the professional development process in providing both the starting point and the substrate for educational activities (Schon 1987);
- the importance of the context of professional practice (Schon 1983) in a 'micro' sense, that is the immediate conditions prevailing for the individual nurse at the moment of acting, in a 'meso' sense, that is the 'life-world' in which practice is located, and in a 'macro' sense, that is the wider environment (with for example, its social, political and economic dimensions) and the influence the context has on practice through reflection in action (Schon 1983);
- that reflection plays an important part in learning from experience (Boud *et al.* 1985), particularly the experience of practice, and in transforming that learning into improved practice;
- the importance of personal knowledge in professional nursing practice (Johns, 1995); and
- that professional practice is essentially collaborative in nature and that it is through collaboration that the shared meanings of professional practice are established (James & Clarke 1993).

In the flexible learning programmes studied, the relevance of the educational experience was enhanced in a number of ways and collaborative learning — learning in groups and sharing experiences — was a central feature.

In all of the case studies, the educators, learners and employers considered the practical component of the module/programme to be important. There was a deliberate linking of theory and practice which was used to improve relevance and was achieved, for example, by enabling learners to choose their own clinical placements, negotiate the content of a module/programme and/or negotiate the topic for a written assessment. The following comment illustrates the importance of ensuring relevance in professional development programmes.

The assessment of depression [the assignment topic] is something that I've experienced or had strong feelings about on the ward that I've been working on and so having the opportunity to look into it and look at how depression was assessed and look at various classifications, I'd be able to take that back to the ward. What I'd like to do is come up with some kind of package that other nurses can use on the ward to try and stop people slipping through the net when being diagnosed.

Reflection on practice figured frequently in the teaching and learning activities used. It was identified in the majority of modules/programmes as an essential element in both improving the delivery of care and in individual professional development and often learners were asked to keep a reflective diary or undertake a reflective study. Whilst learners acknowledged the importance of reflection,

most of the learners interviewed found reflection and reflective practice difficult to understand and describe.

*To improve the way in which practitioners' individual professional development needs are met*

Meeting the learners' individual needs is particularly significant in post-registration nurse education because of the high degree of individuality of need. This individuality is the result of a number of factors.

- 1 Professional growth can occur over a considerable period of time and can be a life-long process which increases the likelihood that individual nurses on any particular learning programme will be at different stages in their professional growth.
- 2 Professional development in nursing and other professions is multidimensional — there are many different facets of professional knowledge to be developed. In the individual practitioners on any particular programme it is likely that the different facets will be at different stages of development which will compound the individuality of learning need.
- 3 Professional growth builds on existing knowledge which is likely to vary between individuals. The different prior experiences and the way they have impacted upon and been internalized by individuals will contribute to the individual nature of professional learning needs.
- 4 Professional learning is likely to take place at different and changing rates in different individuals. Individual professional development is likely to be episodic and unpredictable and at any particular time a nurse is likely to be at a unique point in her/his professional growth.
- 5 Some aspects of professional growth involve complex transformations as opposed to 'straight line' incremental development. For example, it can be argued that the change from practice which seeks to control the client and/or encourage client dependency to practice which brings about client autonomy and independence involves a complete re-orientation and change in approach. Exactly where an individual is in these complex transformations and re-orientations will contribute to the idiosyncrasy of their development needs.
- 6 Professional growth is predicated on the practitioner's readiness to learn. In continuing professional development in nursing, variations in the readiness to learn of individual nurses will contribute to the individuality of their learning needs.
- 7 In any learning, overcoming the barriers which prevent learning is an important part of creating the conditions which allow learning to take place (Claxton 1984, Gagne 1985). Given the nature of professional knowledge and practice, the barriers which inhibit professional development may be more complex, resistant

and deeply held. The characteristics of these barriers will contribute to the individual nature of the learner's needs.

- 8 The mechanisms which underpin professional development in individuals may vary which may contribute to the individual nature of learning needs. For example, some learners may have an internal, reflective approach to learning whereas others may have an external orientation to learning where they expect their learning to be led by others. Preferred learning styles will vary in other ways. For example, some individuals may have a predisposition to abstract thought while others may prefer intellectual processes which rely on concrete examples. Some may grasp new understanding by analytical modes of comprehension whereas others may apprehend new understandings holistically (Kolb 1984).
- 9 The context in which individual nurses work will be unique to them at a variety of levels — one-to-one with their clients, within their working group, within the work organization and in relation to the wider social, economic and political context. Understandings of the context are likely to be predominantly subjective and may influence learning needs on an individual basis.
- 10 Many educational changes, both organizational and individual, involve periods of regression as well as progression (see, for example, Fullan 1991). These periods of regression may contribute to the individuality of learning need.

Given the potential for a high level of individuality in learning need, improving the ways in which individual learners' needs are met is an important purpose in flexible learning. Increasing the range of possible adaptations to a course increases the potential for individual learning needs to be met. In the case studies, nurses were involved in the planning and evaluation of modules/programmes, an approach which helped to ensure that the nurses' needs were more likely to be met. In some instances, practitioners were involved at a more strategic level through established formal procedures. In one example, a Nursing Advisory Committee was a valuable forum for the discussion of provision as described here by a clinical manager.

We've got a system within our area where we haven't actually got nurse managers. The most senior managers are the ward managers. But we have directorate nurse representatives and those nurses come to an Nursing Advisory Committee and anything that's decided on education or nursing practice or whatever goes through that particular committee. One of the tutors also sits on this particular group. So all the directorate nurses are involved in discussion and acceptance of the package at the end of the day.

In every case study, the learners were asked to evaluate the module/programme. Typically, evaluation data were

collected by questionnaire or by plenary discussion between learners and teachers. There was evidence in the case studies of those evaluation strategies in initiating improvement as these examples illustrate.

'Interpersonal skills' [a module] was taught by a very well qualified group of teachers. They did start off doing a lot of experiential stuff, as one does in a first course situation and the learners actually said they felt that that was good but they had a problem with the theoretical framework in which this experiential learning was taking place and opted or wanted less experiential and more theoretical input which was basically — they wanted more a didactic approach. So the teachers went back through the programme and altered it in line with that but they also had a rethink for all the subsequent modules/programmes.

(Teacher)

After the first module there were 13 topics we thought that we didn't need at that time or there were some things that we could have had at another time. We did voice that opinion and they [the college] have made changes.

(Learner)

Individual negotiation of assignments, a characteristic of many of the modules/programmes studied also helped to meet individual learning needs.

#### *To improve the way in which the needs of stakeholders, other than the learners and the providing institution, are met.*

The learners and the providing institution are not the only stakeholders in professional education. The nurses' employers and other institutions, such as professional bodies, also have a stake in professional learning. If improvements to programmes are to be made, the involvement of other stakeholders is crucial.

In most of the programmes/modules studied, other stakeholders, notably the employers, were involved in planning the programme. In some examples, fewer in number than the examples of collaborative planning, employers were involved in the evaluation of the programme along with the learners and the providers. The nature of the involvement of the employers in this way varied considerably. In most cases, this collaborative evaluation was at a strategic level involving senior managers from the trust and the providing college or faculty. Validating bodies (such as the English National Board) were significant stakeholders and were involved typically at the planning stage. They were cited by those interviewed in the case study data collection as setting limits to adaptations to programmes, for example in relation to assessment.

## DISCUSSION

Through this research, it has emerged that flexible learning in post-registration nurse education should be viewed as

a process which attempts to improve educational quality specifically in relation to access, availability, self-direction of the learners, relevance, meeting learners' needs and meeting the needs of other stakeholders, by adapting the provision of educational opportunities and access to them, teaching and learning, assessment and evaluation. As such, flexible learning is not an objective or an end in itself, because adaptations and improvements will always be possible and probably necessary.

The improvement purpose goes some way to explaining Waterhouse's (1990 p. 73) assertion that flexible learning is simply 'good teaching and learning' and also explains an implicit assumption among those we interviewed that flexible learning was inherently good. However, although the improvements in practice revealed in the case studies typically centred on the interests of individual post-registration nurses, because of the interests of the different stakeholders, equating flexible learning as good learning for the individual nurse is too simplistic. While nurse educators might want to give individual nurses priority in their efforts to improve their practice, in flexible learning, the needs of other stakeholders must be considered. The involvement of different stakeholders complicates the management of flexible learning.

Those managing flexible learning have to balance competing purposes, weigh the advantages and disadvantages that any change in provision might bring, understand the accountability relationships with the different stakeholders and cope with the stakeholders' dynamic and changing needs and requirements. One way in which providers are managing this difficult task is to work with the different stakeholders — particularly the learners, employers and professional bodies — in planning, providing and evaluating post-registration professional development opportunities. This collaboration would seem to be crucial for effective practice in the management of flexible learning but it complicates yet further the already complex task of managing educational improvement.

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# Flexibility in Post-Registration Nurse Education in England

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## SUMMARY

Although increased flexibility has been a characteristic of post-registration nurse education in the UK in recent times, its nature has not been the subject of in-depth exploration. The research reported here used questionnaire-based surveys and case studies of modules and programmes (deemed by providers to be flexible) to reveal the dimensions of flexibility in post-registration nurse education in England. Forty-three dimensions were identified under the headings of: provision and access, teaching and learning, the assessment of theory, the assessment of practice and evaluation. This range of dimensions, the complex and interacting purposes of flexible learning and the complexity of the context requires a reflective approach to the task of managing flexible learning.

## INTRODUCTION

The nature of post-registration nurse education in the UK has changed radically in recent years. One of the dominant themes, among the many changes, can be described as increased flexibility. Indeed in nursing the term 'flexible learning' is in wide use (see, for example, Kelly and Keely, 1992). This paper discusses the recent influences on post-registration nurse education provision in the UK and explores the nature of flexible learning in post-registration nurse education in England.

## BACKGROUND TO THE STUDY

A number of pressures have brought about recent developments in continuing education provision for nurses at post-registration level in the UK. Changes in the structure and organization of the National Health Service (NHS) with, for example, the establishment of hospitals as trusts, have sharpened the relationships between those providing post-registration nurse education and those purchasing it. There are now formal requirements placed on nurses to develop their practice (UKCC, 1994) aside from any professional obligations nurses themselves may feel to undertake such development. As nursing is a profession where women outnumber men, it has been subjected disproportionately to changes in the working lives,

career patterns, ambitions and lifestyles of women. These changes are leading many nurses to initiate, demand access to and undertake continuing professional development activities. There have been institutional changes which have influenced nurse education provision. Many colleges have been incorporated into higher education which has brought pressure to increase enrolments in line with government policy in higher education generally and increased accountability to students. Finally, the increased understanding within the profession of the complexity of professional nursing knowledge and its development is broadening and complicating the educational process. All these influences together have driven a number of developments in post-registration nurse education in recent years. It has evolved from the 'traditional course' model of professional education to provision of a multiplicity of different kinds which now encompasses distance learning, open learning and flexible learning itself. These different modes are not separate and it is not easy to distinguish them unequivocally either in nurse education or other settings. For example, Hodgson (1993, p 53) defines distance and open learning under the same heading and considers that 'flexible learning is a term used to describe many learning systems which could just as well be called open'. Further it can be argued that all the changes have served to

enhance flexibility in a common-sense understanding of the term although the exact nature of flexibility in post-registration nurse education remains unclear.

The term 'flexible learning' became widespread in the 1980s in the UK particularly in the further education sector where the focus was on traditional curriculum subjects for example, mathematics and English, and on technical and vocational subjects, for example, the Technical and Vocational Education Initiative (Waterhouse, 1990). In this context, systems of flexible learning included resource-based learning, supported self-study, open access workshops, open learning – institution based, and even distance learning. For the learner, flexibility embraced a number of dimensions – aims and content, characteristics and stage of development of the learner, the process of learning and method of assessment (FEU, 1983, 1984). Specific examples of 'flexible systems' are those which allow a negotiated curriculum to be devised 'to meet his or her particular learning needs, and those which encourage the use of other resources apart from the tutor including text books, resource centres and libraries, other specialists, peers and so on' (FEU, 1983, p 5). The development of learner autonomy is also stressed. Hodgson (1993, p 53) considers that 'the word flexible tends to emphasise the individualised nature of the programme: that is it is designed to offer the maximum possible opportunity to the learner'. She cites the National Council for Educational Technology definition of flexible learning as 'a means of making it possible for learners to gain access to education and training provision tailored to meet their needs and aspirations' (p 53).

Kelly and Keely (1992) have used a similar rationale for flexible learning in nursing. They see flexible learning and open learning as sharing the same philosophy 'with freedom of choice and access to educational opportunities as key tenets' (p 3) but were ready to distinguish the two modes of learning believing that 'too much emphasis is often placed on open learning as a mode of delivery at the expense of the philosophical principles which underpin good practice' (p 4). The 'good practice' rationale for the use of the term 'flexible learning' is echoed by others such as Waterhouse who saw it in essence as 'good teaching and learning' (Waterhouse, 1990, p 73). Such definitions leave the nature of 'good-ness' unclear and it was to characterize flexibility in post-registration nurse education that the research was carried out. The outcomes of such a study would inform and clarify practice in nurse education and could guide educational practice in other professions.

## METHODOLOGY, DATA COLLECTION AND DATA ANALYSIS

The main aims of the research reported here were first to characterize the dimensions of flexible learning in the post-registration education of nurses, midwives and health visitors (from now on referred to as nurse education) in England and second to understand the way in which the term 'flexible learning' is interpreted in use by nurse educators. The study is essentially a constructivist one (Denzin and Lincoln, 1994). The research used questionnaire-based surveys (Cohen and Manion, 1992) of all the providers of post-registration nurse education in England. Selected courses deemed to be flexible by providers were also the subject of in-depth case study using the method described by Yin (1994).

### The questionnaire-based surveys

Two questionnaire-based surveys were carried out. The purpose of the first survey was to establish how providers of post-registration nurse education interpreted the term 'flexible learning'. Respondents (members of staff responsible for post-registration nurse education in providing institutions) were asked to consider the courses they had offered in the preceding 12 months which in their view used a flexible mode of learning and to describe why they considered those courses to be flexible. They were asked to limit their descriptions in this and the subsequent survey to: higher degrees; degrees; diploma courses; ENB courses (English National Board for Nursing, Midwifery and Health Visiting); CATS-rated courses and modules (Credit Accumulation and Transfer Scheme) and other courses which had a duration of 60 hours of study or more.

The explanations were analysed using standard open coding methods (Berg, 1989). The core categories of characterizations of flexibility identified from the data provided by the provider groups – colleges of nursing and departments within higher education, hospices, private sector providers and trusts are given in Table 1. The table gives details of the survey and then lists the number of times respondents made a statement in that category (this figure is also presented as a percentage of the total number of statements made by the respondents).

The data give rise to a number of issues which are briefly discussed below.

**Table 1** *The response and the core categories of statements referring to flexibility identified by providers of post-registration nurse education*

| Survey details   | Colleges/<br>Univs. | NHS<br>Trusts | Private<br>Hospitals | Hospices | All<br>providers |
|--|---------------------|---------------|----------------------|----------|------------------|
| Questionnaires sent  | 80                  | 382           | 5                    | 25       | 492              |
| Questionnaires returned                                      | 60 (75%)            | 90 (23%)      | 2 (40%)              | 21 (84%) | 173 (35%)        |
| Questionnaires giving explanations of flexibility            | 52 (65%)            | 30 (7.9%)     | 2 (40%)              | 9 (36%)  | 93 (19%)         |
| <i>Statements of respondents which explained flexibility</i> |                     |               |                      |          |                  |
| Total number of statements                                   | 218                 | 125           | 9                    | 38       | 390              |
| <i>Statements referring to:</i>                              |                     |               |                      |          |                  |
| • credit rating  | 7 (3.2%)            | 1 (0.8%)      | 0 (0%)               | 1 (2.6%) | 9 (2.3%)         |
| • modularity   | 23 (11%)            | 13 (10%)      | 1 (11%)              | 4 (11%)  | 41 (11%)         |
| • flexibility resulting from modular structure               | 22 (10%)            | 7 (5.6%)      | 0 (0%)               | 9 (24%)  | 38 (9.7%)        |
| • location of the course                                     | 5 (2.3%)            | 3 (2.4%)      | 0 (0%)               | 0 (0%)   | 8 (2.1%)         |
| • timing of the course                                       | 29 (13%)            | 29 (23%)      | 0 (0%)               | 3 (7.9%) | 61 (16%)         |
| • starting date  | 1 (0.5%)            | 0 (0%)        | 0 (0%)               | 0 (0%)   | 1 (0.2%)         |
| • entry to the course  | 12 (5.5%)           | 3 (2.4%)      | 0 (0%)               | 1 (2.6%) | 16 (4.1%)        |
| • requirement to attend                                      | 6 (2.8%)            | 2 (1.6%)      | 0 (0%)               | 1 (2.6%) | 9 (2.3%)         |
| • finishing date   | 5 (2.3%)            | 2 (1.6%)      | 0 (0%)               | 0 (0%)   | 7 (1.8%)         |
| • content  | 24 (11%)            | 15 (12%)      | 3 (33%)              | 3 (7.9%) | 45 (12%)         |
| • mode of teaching and learning                              | 24 (11%)            | 24 (19%)      | 2 (22%)              | 10 (26%) | 60 (15%)         |
| • resources for teaching and learning                        | 47 (22%)            | 15 (12%)      | 2 (22%)              | 4 (10%)  | 68 (17%)         |
| • tutor support  | 5 (2.3%)            | 4 (3.2%)      | 0 (0%)               | 1 (2.6%) | 10 (2.6%)        |
| • pace of progression  | 3 (1.4%)            | 5 (4.0%)      | 0 (0%)               | 1 (2.6%) | 9 (2.3%)         |
| • assessment   | 5 (2.3%)            | 2 (1.6%)      | 1 (11%)              | 0 (0%)   | 8 (2.1%)         |

### The complexity of flexible learning

The explanations of flexibility offered by providers were very broad in scope indicating that flexibility in learning is complex and is interpreted in a wide range of ways. Despite that, there is a general and perhaps therefore surprising degree of commonality between the various groups in their characterizations with only a small number of areas where there are differences which are worthy of note. In the responses from all the institutions, flexibility was typically characterized in relation to the learners and their needs (for example 'courses offer a variety of option modules for choice by students'). As described in the background section of this paper, the motivations for 'openness' and flexibility in learning have been driven substantially by a desire to make the educational process more learner-centred and that increasing flexibility is

principally concerned with widening options and opportunities for the learners. The findings of this survey substantively confirm that view.

### The dominant understandings of flexibility

The dominant categories of explanations of flexibility are that:

- the course was modular or was a module which formed part of a modular framework (respondents often cited modularity as a characteristic of flexibility in relation to the benefits that it gave to the learner);
- the course was offered at various times, outside working hours or on a part-time basis; flexibility in



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the content of a module, the timing could be varied:

- a variety of modes of teaching and learning were used (the use of independent learning and self-directed learning figured in this category); and
- the use of a variety of resources for learning, in particular in connection with the use of open learning 'packages'. Individual tutor support or mentoring was often mentioned in connection with the use of learning packages.

Interestingly, flexibility in connection with the mode of assessment was almost absent as a category.

### The interests of other stakeholders

Although responding to the needs of the learner was a key characteristic, in a small but notable number of cases, courses were deemed to be flexible because of the way they met the needs of others – typically the nurses' employers. The ways in which the courses met the needs of the employers (the trusts) were primarily linked with the timing of the course ('students ... can complete modules at a time convenient to their managers') or the content ('students may choose modules appropriate to their organization'). The significance of the timing as an issue for the trusts perhaps explains the relatively high representation of 'timing' as a category in the responses from that group.

### Practice as a characteristic of flexibility

Practice in 'flexible' programmes was seen as both a resource for learning that is the course or an element of the course was work-based, or the way in which the practice component was used could be varied so that it met the needs of the nurses or, in a small number of cited instances, the employers.

The purpose of the second survey was to establish the nature of the flexibility of courses which providers deemed to be flexible. A questionnaire was developed using the data collected in the first survey, published descriptions of flexibility – see, for example, (FEU, 1983, 1984; Kelly and Keely, 1992; Waterhouse, 1990) – and through consultations with those providers who in the first survey had shown particular insight into flexible provision. Using the questionnaire, providers of post-registration nurse education in England were surveyed – colleges, trusts and hospices and the private sector – who had in Survey 1 indicated their willingness to participate. They were asked to describe one flexible course which

their institution provided in terms of whether it was credit-rated or was a module or part of a modular programme and then under the following headings.

*Provision and access* – whether the module/programme:

- could be chosen with the minimum of restrictions on choice
- required a minimum number of participants in order to run
- was offered at more than one location
- was offered outside normal working hours
- had a range of starting dates throughout the year
- could be accessed by participants with a range of qualifications
- allowed variation in the requirement of participants to attend
- allowed variation in the finishing date

*Teaching and learning* – whether the module/programme:

- allowed variation in the content
- used a range of modes of teaching and learning
- used a range of resources for teaching and learning including practice
- gave learners ready access to tutorial support
- allowed variation in the pace of progression through the module

*Assessment* – whether the module/programme:

- allowed variation in the pattern of the assessment of theory
- allowed variation in the method of assessment of theory
- allowed variation in the pattern of assessment of practice

These descriptors under which providers responded were termed 'dimensions' and represented a provisional list of the dimensions of flexibility. In the data analysis, the module/programme was considered to be flexible in a dimension if, by its nature in a dimension, it widened, or could be varied so as to increase, the opportunities and options available to the learner and enhance the learner's access to them in such a way that would increase the likelihood that the learners, primarily, and their employers would have their needs met. For example, if tutorial support was available both during and outside office hours, the module/programme was deemed to be flexible in that dimension. If, say, the content was negotiable, it was deemed to be flexible because of the widened

**Table 2** *The details the dimensions of flexibility of modules/programmes deemed to be flexible by providers*

| Survey Details  | Colleges/<br>Univs.                                  | NHS<br>Trusts | Private<br>hospitals | Hospices  | All<br>providers |
|---|--|---------------|----------------------|-----------|------------------|
| No. of questionnaires sent (N)  | 66   | 84            | 5                    | 18        | 173              |
| No. returned (n)  | 59   | 46            | 2                    | 12        | 119              |
| Response rate   | 89%  | 55%           | 40%                  | 67%       | 69%              |
| Dimensions of flexibility   | No. of modules/programmes flexible in that dimension |               |                      |           |                  |
|   | Colleges/<br>Univs.                                  | NHS<br>Trusts | Private<br>hospitals | Hospices  | All<br>providers |
| Programmes/modules credit-rated   | 49 (83%)   | 13 (28%)      | 1 (50%)              | 11 (92%)  | 74 (62%)         |
| A module or a modular programme   | 40 (68%)   | 12 (26%)      | 1 (50%)              | 5 (42%)   | 56 (47%)         |
| <i>Provision and access – the module/programme:</i>                       |  |               |                      |           |                  |
| • could have been chosen with the minimum of restrictions                 | 40 (68%)   | 3 (6.5%)      | 1 (50%)              | 4 (33%)   | 48 (40%)         |
| • did not require a minimum no. of participants in order to run           | 12 (20%)   | 9 (20%)       | 0 (0%)               | 1 (8%)    | 22 (18%)         |
| • was offered at more than one location                                   | 41 (69%)   | 23 (50%)      | 0 (0%)               | 1 (8%)    | 65 (55%)         |
| • was offered outside normal working hours                                | 27 (46%)   | 16 (34%)      | 0 (0%)               | 1 (8%)    | 44 (37%)         |
| • had a range of starting dates throughout the year                       | 47 (94%)   | 33 (71%)      | 2 (100%)             | 10 (83%)  | 92 (77%)         |
| • could have been accessed by participants with a range of qualifications | 55 (93%)   | 28 (60%)      | 2 (100%)             | 10 (83%)  | 95 (80%)         |
| • allowed variation in the requirement of participants to attend          | 47 (94%)   | 34 (73%)      | 1 (50%)              | 8 (66%)   | 90 (76%)         |
| • allowed variation in the finishing date                                 | 30 (51%)   | 23 (50%)      | 1 (50%)              | 5 (41%)   | 59 (50%)         |
| <i>Teaching and learning – whether the module/programme:</i>              |  |               |                      |           |                  |
| • allowed variation in the content  | 54 (92%)   | 31 (67%)      | 2 (100%)             | 11 (92%)  | 98 (82%)         |
| • used a range of modes of teaching and learning activities               | 58 (98%)   | 45 (97%)      | 2 (100%)             | 10 (83%)  | 115 (97%)        |
| • used a range of resources for teaching and learning including practice  | 59 (100%)  | 46 (100%)     | 2 (100%)             | 12 (100%) | 119 (100%)       |
| • gave learners ready access to tutorial support                          | 58 (98%)   | 44 (96%)      | 1 (50%)              | 12 (100%) | 115 (97%)        |
| • allowed variation in the pace of progression through the module         | 45 (76%)   | 31 (67%)      | 1 (50%)              | 8 (66%)   | 85 (71%)         |
| <i>Assessment – whether the module/programme:</i>                         |  |               |                      |           |                  |
| • allowed variation in the pattern of the assessment of theory            | 30 (51%)   | 34 (73%)      | 1 (50%)              | 8 (66%)   | 73 (61%)         |
| • allowed variation in the method of assessment of theory                 | 48 (81%)   | 26 (56%)      | 1 (50%)              | 7 (58%)   | 82 (69%)         |
| • allowed variation in the pattern of assessment of practice              | 24 (41%)   | 26 (56%)      | 1 (50%)              | 5 (42%)   | 56 (47%)         |

options that negotiation could give the learner. The basis for the data analysis was validated through consultations with a group of experts in nurse education and this interpretation was supported in the case study phase of the data collection which is described later in this paper. A summary of the findings from Survey 2 are given in Table 2.

Several issues emerge from this survey of flexibility of post-registration nurse education. Again they are discussed briefly.

#### Flexibility in assessment

Although flexibility in assessment did not feature significantly in the providers' explanations of flexibility collected in Survey 1, it does feature when providers are asked directly if a programme is flexible in that dimension. It would appear that providers do not consider flexibility in assessment to be an important or significant feature unless prompted to say so specifically.

#### Variation in flexibility

Across all provision there seems to be most flexibility in the dimensions within teaching and learning where in particular there is flexibility in the content of the module, the modes of teaching and learning employed and access to tutorial support.

#### The constraint of insufficient enrolment

The constraint on access as a result of a module/programme not running because insufficient participants have enrolled is a feature of all provision and must have important consequences for meeting individual needs.

#### Provision by trusts

In relation to the other providers, the provision of the trusts was restricted in the flexibility resulting from credit-rating and linkage with a modular programme. There is possibly scope for development here possibly through greater collaboration with higher education institutions in the accreditation of these programmes.

It became clear from this survey that 'flexibility' is complex and its multidimensional nature exacerbates that complexity. These features make judgements about the overall flexibility of any particular module/programme very difficult.

### THE CASE STUDY

This section of the paper describes the case study of flexible learning and the further development of the dimensions of flexibility in post-registration nurse education.

Nine modules/programmes which were considered by providers to be flexible were studied as individual cases (Yin, 1994). The case studies were carried out in institutions covering the National Health Service regions in England and a range of providers, nursing branches and level of course. Data were collected by means of semi-structured interviews with the managers and teachers of the modules/programmes, managers of nurses participating in the modules/programmes and the participants themselves. A total of 65 interviews were carried out. They explored the nature of flexible provision using a structure based on the dimensions established in the questionnaire-based surveys. The interview structure allowed additional dimensions to be identified and analysed. Following the case studies, the dimensions of flexibility were revised in the light of the issues arising from the analysis of the case study data. The main changes were as follows.

*Change 1:* The number of dimensions was increased in the following ways and for the following reasons.

- The involvement of 'other' stakeholders, for example the students and employers, in the planning process was confirmed as an important aspect of flexibility. This stakeholder involvement improved the way that individual learner's needs and those of the employers were met. The planning and evaluation of modules/programmes – in a collaborative way involving prospective participants and their employers – are important dimensions of flexibility and are included as '*Planning the Module/Programme*' and '*Evaluation*' respectively in the final list of dimensions.
- The division of modules into yet smaller units which could be taken in any order was a characteristic of some case studies and was therefore included as a dimension. Also, the credit-rating of modules was confirmed as an important dimension of flexibility. In the flexibility of a programme, modularization is the key aspect of flexibility to be considered whereas in the flexibility of a module, the division into sub-units is an important dimension. '*Modularization*' and '*Credit-rating*' were, therefore, included as dimensions.
- The dimension which covered the choice available to the learner was extended to include constraints

on choice of a particular module as a result of pre-conditions which require the prior successful completion of another module or modules. 'Choice and Pre-conditions' thus became a dimension.

- Several of the case study institutions had gone to considerable lengths to inform potential participants about the availability of courses. These initiatives included 'Drop-in Centres', where potential participants could gain information about post-registration courses, and open days which had a similar purpose. 'Provision of Information to Potential Learners' became a dimension of flexibility.
- Several institutions held Access courses for potential students designed to help the students develop the skills they will require for further study. 'The Provision of Access Courses' (a term widely used in other higher education settings in Britain for programmes of this kind) was included as a dimension.
- The support of the students' employers was a key factor in promoting access. The nature of this support varied. At the very least the employer's support enabled students to use their workplaces as a setting for the practical elements of the course. At another level it involved the employer paying the student while he/she participated in the programme. The support of the employer was included as a dimension under the heading 'Sponsorship'.
- The importance of 'practice' as part of flexible learning which had emerged as a dimension during the early stages of the research was confirmed during the case study phase. As a consequence, it became clear that the classroom-based part of the programme (the 'theory') and the work place/placement parts of a programme (the 'practice') should be considered separately since it is quite possible to have flexibility in one and not in the other.
- The case studies revealed an important distinction between the way in which learning packages were used as a resource and the way in which the teacher served as a resource for learning. Both had potential to promote flexibility in learning but were considered to be essentially different approaches. For this reason, the 'Resources for Teaching' dimension was separated into a dimension which focused on the teacher as a resource for learning ('Teacher as a Resource for Learning') and a dimension which covered the use of learning packages ('The Use of Learning Packages'). The 'Modes of Study Available to the Learner' dimension refers to whether the module/programme can

be pursued using different modes of learning such as distance learning.

- The dimension which covered access to tutorial support and guidance was separated into two dimensions: 'The Availability of Teacher Guidance' and 'The Nature of Teacher-learner Contact'. The latter dimension is concerned with whether teacher-learner contact is through a wide range of means (for example, in-person meetings, correspondence and telephone contact) or whether contact is for example, restricted to in-person meetings only.
- In addition to the restriction on a module running because insufficient participants were recruited to a module/programme, restrictions on access because of an upper limit is also a limitation on flexibility. There are therefore two dimensions of flexibility which refer to choice and enrolment: 'Choice and the Minimum Enrolment' and 'Choice and the Maximum Enrolment'.

*Change 2:* Following the case study phase and the changes discussed above, the dimensions were disaggregated as far as possible into separate and distinct dimensions.

*Change 3:* Within each dimension, a range of descriptors of flexibility can be defined which outline the dimensions in terms of flexibility. For many dimensions, the trend within the different descriptors moves them from open to closed (Lewis and Spencer, 1986), that is, from the learner deciding without restriction, to a negotiated decision, to the learner deciding from a restricted choice, to no choice at all. This example is an illustration.

#### Starting date of the module

- Learners can start the module at any time.
- Learners can negotiate the start of the module.
- There is some choice of starting dates, for example, there are two or more entry points during the year.
- The module begins at one fixed point during the year.

Such descriptors are appropriate if flexibility is defined in the terms used to define open learning such as the effective response to learners' requirements (Thorpe and Grugeon, 1987). However, the purposes of flexible learning in post-registration nurse education are complex (Clarke and James, 1995) but in summary they are: to improve the learner's access to professional development opportunities; to improve the availability of professional development

opportunities: to encourage self-direction in professional development; to improve the relevance of professional education; to improve the way nurses' individual professional development needs are met and to improve the way the needs of other stakeholders are met. Changes in flexibility within any particular dimension will be in response to one or more of these purposes and, because some of the purposes are in opposition, presents those with responsibility for managing flexible learning with demanding challenges.

The final list of the dimensions of flexibility of modules/programmes in post-registration nurse education is given in Appendix 1 along with questions which are intended to help to explain the nature of flexibility in that dimension.

## CONCLUDING COMMENTS

The long list of dimensions of flexibility and the various and potentially conflicting purposes which are principally concerned with improvement means that defining flexible learning simply and succinctly is not possible (Clarke and James, 1995). None the less, the dimensions identified and elucidated here represent a significant step towards clarifying the concept. Flexible learning in post-registration nurse education is a multidimensional concept open to a range of interpretations. Also, appropriate flexibility in one setting is unlikely to be appropriate in another and, given the improvement purpose of flexible learning, its nature will always be changing. The improvement purpose, the recognition of multiple purposes and the wide number of dimensions which frame the ways in which a module or programme can be responsive in broadening the options and opportunities available, in many ways justifies Waterhouse's contention that flexible learning represents 'good teaching and learning' (Waterhouse, 1990, p 73). Managing and providing this 'good teaching and learning' in nurse education and in other related professional groupings represents a complex challenge. It demands a reflective approach (Schön, 1983) to the provision of continuing professional education where the educational practitioner is required to analyse complex professional, educational and contextual features in order to optimize the achievement of purposes which are value laden and potentially conflicting.

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## APPENDIX 1: THE DIMENSIONS OF FLEXIBILITY IN POST-REGISTRATION NURSE EDUCATION

### Provision and access

- *Planning the module/programme* Are all the key stakeholders involved?
- *Modularization* Is the programme modular? Is the course part of a modular programme? Are modules divided into sub-units?
- *Credit-rating* Is the module/programme credit rated?
- *Choice and the minimum enrolment* Can participation be restricted as a result of a lower limit on enrolment?
- *Choice and the maximum enrolment* Can participation be restricted as a result of an upper limit on enrolment?
- *Choice and pre-conditions* Is the learner's choice of modules or sub-modular units restricted by pre-conditions?
- *Choice of module/programme* Can the learner choose from a wide range of modules/programmes?
- *Starting date of the module/programme* What restrictions are there on the starting date of the module/programme?
- *Provision of information to potential learners* What information is provided to potential learners and their employers?
- *The provision of Access courses* Are Access courses provided to help potential learners develop the skills they will require for participation?
- *Entry requirements* How restrictive are the entry requirements?
- *Sponsorship* Are learners sponsored/supported by their employers? If so, how?
- *Modes of study available to the learner* Can the learner choose to pursue the module/programme from a range of different modes of study?
- *Scheduled times of the classroom-based sessions* If participants are required to attend the module/programme, is there flexibility in the time when the module is offered?
- *The starting and finishing times of classroom-based sessions* Is there flexibility in the starting and finishing times of the classroom-based sessions?

- *The location of the classroom-based sessions* If participants are required to attend the module, at how many locations is the module/programme offered?
- *The location of practice placement* Is there flexibility in the location of the practice placement?
- *Choice of practice placement* How are the learners constrained in their choice of practice placement?
- *Constraints on use of practice placements as a result of quality controls* Are there constraints on use of practice placements as a result of quality controls?
- *Requirement to attend* Are the participants required to attend the institution for module/programme sessions?
- *Payment for attending/studying* Are the participants paid for their time attending or studying?
- *Source of payment for the module/programme* Does the learner pay for the module/programme?
- *Method of payment for the module/programme* Can payment be made by a range of different means?
- *Time of payment for module/programme* Is there flexibility in the time when the module/programme fee must be paid?
- *Finishing date of the module/programme* Is there flexibility in the finishing date?

#### Teaching and learning

- *Content of the module/programme* Can the content of the module/programme be varied to suit the needs of the learners and their employers?
- *Teaching and learning activities* Is a wide range of teaching and learning activities used?
- *The teacher as the resource for learning* Is the teacher the sole resource for learning or are other resources used?
- *The use of learning packages* If learning packages are used, is there flexibility in their use?
- *Availability of teacher guidance* What restrictions are there on the availability of teacher guidance?
- *The nature of teacher-learner contact* How can learners contact their teachers?
- *Pace of progression through the module/programme* Who determines the pace of progression through the module?

#### Assessment of theory and practice

- *Pattern of assessment of theory* Is there flexibility in the pattern of the assessment of theory?
- *Timing of assessment of theory* Is there flexibility in the timing of the assessment of theory?

- *Theory assessment task* What say does the learner and/or employer have in deciding the task for the assessment of theory?
- *Form of evidence for the assessment of theory* What say does the learner and/or employer have in deciding the form of evidence for the assessment of theory?
- *Criteria for the assessment of theory* What say does the learner and/or employer have in deciding the criteria for the assessment of theory?
- *Pattern of the assessment of practice* Is there flexibility in the pattern of the assessment of practice?
- *Timing of assessment of practice* Is there flexibility in the timing of the assessment of practice?
- *Method of assessment of practice* What say does the learner and/or employer have in deciding the method of the assessment of practice?
- *Form of evidence for the assessment of practice* What say does the learner and/or employer have in deciding the form of the evidence for the assessment of practice?
- *Criteria for the assessment of practice* What say does the learner and/or employer have in deciding the criteria for the assessment of practice?

#### Evaluation

- *Evaluation* Are all the key stakeholders involved? Is the flexibility of the programme evaluated?

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